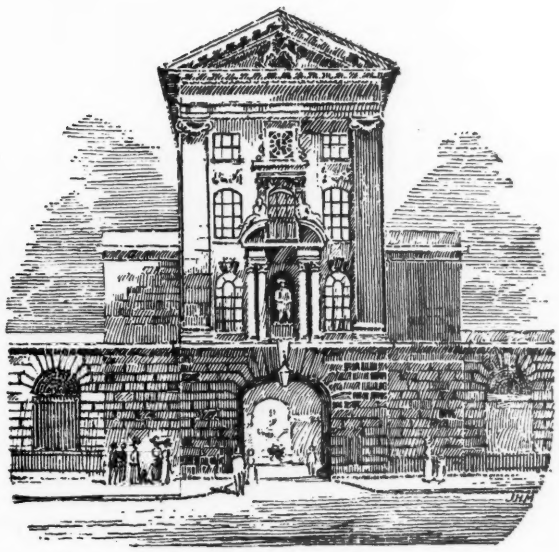
Medical Lib. JAN 29 1931

ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXVIII.—No. 4. JANUARY, 1931. [PRICE NINEPENCE.

CONTENTS.

	PAGE
Calendar	65
Editorial Notes	65
Racial Decay and Degeneration. By The Very Rev. W. R. Inge, D.D. ...	68
A Case of Pea-Nut in the Bronchus. By J. F. Varley, M.R.C.S., L.R.C.P.	74
A Case of "Aplastic Anæmia." By H. Buckland	77
Paget's Quiet Necrosis. By J. Molineux Jackson	79
Some West African Patients. By G. L. A.	80
Canonbury Tower: A Relic of St. Bartholomew's Priory. By M. H. Churchill	82
Can Such Things Be. By W. R. B. ...	83
A Parody by F. E. Jackson: The Bold Fifteen	84
Students' Union:	
Rugby Football Club	85
United Hospitals Hare and Hounds	85
Correspondence:	
Prognosis in Leprosy	86
Reviews	86
Recent Books and Papers by St. Bartholomew's Men	87
Acknowledgments	88
Examinations, etc.	88
Changes of Address	88
Appointment	88
Births	88
Marriages...	88
Deaths	88
Index to Advertisements	ii

INDEX TO ADVERTISEMENTS.

		PAGE
Alderton & Sons Ltd.	Dress Service Club	xiii
Allen & Hanburys Ltd.	Ophthalmoscope	v
Angier's Emulsion		vi
Auchterlonie, Williams & Co. Ltd.		xiv
Books—		
Adlard & Son, Limited	The Fundus Oculi	iii
	The Puerperium	iii
Oxford University Press		
Waring	The Surgical Treatment of Malignant Disease	iii
	A Manual of Operative Surgery	iii
Central London Throat, Nose and Ear Hospital...		v
Down Bros. ...	Specialities	vii
Drawbridge, Dr. W. R. L.	Home-School for Boys	v
Edme, Ltd.	Malt Extract with Cod Liver Oil	iv
Evans & Witt	Booksellers, Stationers, etc.	iv
Gas Light and Coke Company		ix
Genito-Urinary Manufacturing Co., Ltd.		iv
Gieves, Ltd.	Royal Naval Medical Service	iv

		PAGE
King, A. C., Ltd. ...	Anæsthetic Apparatus	v
Leigh House, Hatton, Warwick		iii
Maw, Son & Sons, Ltd.	"Tensile" Glove	ii
Medical Sickness, Annuity and Life Assurance Society, Ltd.		vii
Millikin & Lawley ...	Microscopes, Instruments, etc.	xii
Northwoods, Winterbourne, Bristol...		iv
Paripan, Ltd.		xii
Parke, Davis & Co. ...	Immunogens	viii
Ronuk		xii
Shepherd, A.	Tailor and Hosier	iii
St. Bartholomew's Hospital Medical College ...	Preliminary Scientific Department	x
Ditto	Scholarships; Bacteriology	x
Ditto	Fellowship Classes; Entrance Scholarships ...	xi
St. Bartholomew's Trained Nurses' Institution		iii
Smith & Co.	Surgical Truss Specialists	xiv
Virol		viii

Maw's "Tensile" Glove

A New Rubber Glove of Extraordinary Durability

The new process under which this semi-transparent glove is made renders the rubber extraordinarily durable and elastic. It can be stretched to three times its own length without damage and is practically unimpaired by sterilization.

PRICES:

Per pair - - - - - 2/-
Per dozen pairs - - - 22/6
Gross lots, per dozen pairs - 21/-

Telephone: National 2468.

S. Maw, Son & Sons, Ltd. Aldersgate St. London. and Barnet.

Telegrams: "Eleven, Cent, London."

St. Bartholomew's Hospital

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

Journal.

Vol. XXXVIII.—No. 4.] January 1st, 1931. Price Ninepence.

CALENDAR.

Fri., Jan. 2.—Dr. C. M. Hinds Howell and Sir C. Gordon-Watson on duty.

Sat., ,, 3.—Rugby Match *v.* Harlequins. Home.
Hockey Match *v.* Shoeburyness Garrison. Away.

Tues., ,, 6.—Dr. Gow and Mr. Harold Wilson on duty.

Tues., Wed., Thurs. and Fri., Jan. 6, 7, 8 and 9.—At 8 p.m. in the Great Hall: **The Amateur Dramatic Society presents "The Fourth Wall."**

Fri., ,, 9.—Prof. Fraser and Prof. Gask on duty.

Sat., ,, 10.—Rugby Match *v.* Moseley. Home.
Association Match *v.* Old Wykehamists. Home.
Hockey Match *v.* Sittingbourne. Away.

Tues., ,, 13.—Sir Percival Hartley and Sir Holburt Waring on duty.

Wed., ,, 14.—Hockey Match *v.* Gloucestershire Regiment. Away.

Fri., ,, 16.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
Medicine: Clinical Lecture by Sir Percival Hartley.

Sat., ,, 17.—Rugby Match *v.* Coventry. Away.
Association Match *v.* Old Westminsters. Home.
Hockey Match *v.* Reading University. Home.

Mon., ,, 19.—**Last day for receiving matter for the February issue of the Journal.**
Special Subject: Clinical Lecture by Mr. Elmslie.

Tues., ,, 20.—Dr. C. M. Hinds Howell and Sir C. Gordon-Watson on duty.

Wed., ,, 21.—Surgery: Clinical Lecture by Sir Holburt Waring.

Fri., ,, 23.—Dr. Gow and Mr. Harold Wilson on duty.
Medicine: Clinical Lecture by Dr. Gow.

Sat., ,, 24.—Rugby Match *v.* Old Paulines. Home.
Association Match *v.* St. John's College, Cambridge. Away.
Hockey Match *v.* St. Albans. Away.

Mon., ,, 26.—Special Subject: Clinical Lecture by Mr. Just.

Tues., ,, 27.—Prof. Fraser and Prof. Gask on duty.

Wed., ,, 28.—Surgery: Clinical Lecture by Mr. Harold Wilson.

Fri., ,, 30.—Sir Percival Hartley and Sir Holburt Waring on duty.
Medicine: Clinical Lecture by Sir Percival Hartley.

Sat., ,, 31.—Rugby Match *v.* Bridgewater. Away.
Association Match *v.* Emmanuel College, Cambridge. Home.
Hockey Match *v.* R.N. and R.M., Chatham. Away.

EDITORIAL.

Sir D'Arcy Power.

The following lectures were delivered by Sir D'Arcy Power at the Institute of the History of Medicine of the Johns Hopkins University:

Nov. 19th: The Essentials of Medical Biography.
,, 25th: Medical Bibliography.
Dec. 2nd: The Meals of our Ancestors.
,, 3rd: Aristotle's Masterpiece.
,, 10th: Medical Iconography.
,, 17th: The Growth of a Hospital.

We understand that at a ceremony shortly to be held in the Great Hall of the Hospital, Sir D'Arcy Power will be presented with a specially printed and bound copy of his 'Selected Writings.'

* * *

Pearson: Box-Carrier.

The retirement of Pearson from the Surgery means that the Hospital loses not only one of its oldest and best servants, but also the last of its "box-carriers." The original duties of the box-carriers have long since passed into the hands of others; but they were of considerably greater importance than the mere carrying of a box of catheters in the wake of the visiting surgeon.

The first mention of a box-carrier occurs in the Journals of March 28th, 1728, when "complaint being made against 3 of the patients of this hospital, who are employed as box-carriers under the surgeons, for fighting, it is ordered that they be discharged."

In 1744 (Feb. 9th): "On enquiry into the nature of the office of box-carriers and their fees, Mr. Bigg, Surgeon, said that as long as his memory went [and he had been appointed Assistant Surgeon in 1728], the box-carrier was a patient of sufficient strength who attended each surgeon, 'to carry their box when they go through the

house to dress the patients,' and receiving no fee, only diet and money as the other patients."

The remaining entries in the Journals relate to the question of fees. In 1754, doubtless stimulated by the expenditure on the building of the Hospital then in progress, they "demand a fee of 3*d.* or more for every patient ordered to be bled. This is an abuse, and is not to be allowed, nor any other fee." None the less the box-carriers, as also the sisters and the house surgeons, developed and profited by a system of fees levied upon the patients, until in 1813 it was decided that "in lieu of fees each house surgeon to be allowed £25 per ann., and each box-carrier one guinea per week. All house surgeons and box-carriers in future are to be recommended by the principal surgeons, and approved by the house committee."

The duties of the box-carriers, as Pearson remembers, were not only to carry, but to care for the surgeons' instruments. In the 'seventies and 'eighties operations were often performed in the wards behind screens, and at these the box-carrier assisted, the nurses' share in the operations being simply to chaperone the female cases.

Arrangements for a testimonial to Pearson are being made. We give him all good wishes for health and happiness in his retirement.

* * *

THE CHRISTMAS SHOWS.

We hope that all our subscribers enjoyed a Merry Christmas. They certainly would have done had they spent it within the Hospital precincts.

* * *

We wish all our subscribers a Happy New Year. [The Editor means 1931.—ASST. ED.]

* * *

It is impossible to remember *exactly* about Christmas. There remains a general impression that it was a "good show." Indeed the shows were all good—or at least all those that we saw, for we were foiled in our determination to see *everything*. The *Ghouls*, for example, became completely invisible; and as they were likewise inaudible, some foolishly concluded that there were no *Ghouls*. We, however, drew the correct inference from their spectral name. The *Green-flies* emulated their cousins the Mayflies—a brief, inglorious career. This was unanimously voted a Good Thing.

* * *

The Residents were transformed into *Hayes' Angels* (for two afternoons only). From the intimacies of their opening chorus to the community singing at the end the show went with a swing, if not, as some averred, with complete abandon. *Ingredients*: a lugubrious lament by an anæsthetist from the farther North, an equatorial ballad of Borneo, music from piano and ukeleles, a masterpiece of gangrenous black-chat, and a sketch, the superb acting of which left us wondering at the time whether to be diverted or dismayed by the amnesia and the miscuing.

The *Old Stagers* overflowed with talent and *real* actors. Their sketches, "For England" and "Ah-Hah!" were extremely good; but the best performance in this, or in any of the shows, was given by Furber, who had the audacity to be Maurice Chevalier, and the talent to carry it off. The *Minstrel Circle* "struck a new note in Hospital dramatics," a note that was mechanical but very pleasing. From instruments that Tubal-Cain might have conceived in a nightmare they produced the beautiful strains of Liszt's Hungarian Rhapsody, No. 2; and they engineered exquisitely a twilight and a dawn. They had, too, a pianist.

The *Uniteers*, drilled to perfection, gave one of the best shows. "Now I'm a Houseman" was executed with the natural touch of a born comedian; and Vartan, whom we suspect as the slave-driver, was his inimitable self. In *Al Waring's Follies* a quick-change rendering of "Three Blind Mice," including the impersonation of a well-known country surgeon, took everyone by storm. The *Harricanes*, pink and piratical, produced the handsomest "girl," several sonnets to whose rosebud lips have already been refused publication in this JOURNAL.

We reproduce the two best posters.

* * *

Congratulations to Prof. E. G. D. Murray on his appointment to the Chair of Bacteriology at McGill University.

* * *

Congratulations to H. P. Nelson, to whom the Surgical Scholarship of the Association of Surgeons of Great Britain has been awarded, to enable him to spend a year in America studying thoracic surgery.

* * *

We regret to announce the death of Mrs. McAdam Eccles on November 28th.

We extend our sympathy to Mr. McAdam Eccles on his sad bereavement.

RACIAL DECAY AND REGENERATION.

Inaugural Address delivered before the Abernethian Society, on Thursday, October 16th, 1930.

By The Very Rev. W. R. INGE, D.D.

IN spite of all that historians have written, the problem of the fate of nations remains very obscure. It is the privilege of historians to be wise after the event, and to lecture our ancestors for doing many things which they probably could not avoid, and for not doing many things which they probably could not have done. But even historians have not succeeded in discovering the law of national growth and decadence. Several young sciences are involved, and we may have to wait a long time before the knowledge which we desire is fully available.

Some have taken a fatalistic position. They have argued that the life of a nation must be analogous to the life of an individual. A nation, like an individual, has its periods of childhood, adolescence, maturity, senility and death. The early stages are characterized by turbulent vigour and healthy barbarism; the middle life of a nation exhibits disciplined prudence and mature energy; after which we may trace an increasing feebleness in every department of national life.

This analogy seems to me fallacious. There is no necessary resemblance between the life of an individual and the history of a nation. In all the higher organisms, the body, which biologically is only a shell for the protection of the germ-cells, grows old and dies when it has done its duty to the next generation. The germ-cells are potentially immortal; the body perishes and is renewed from parent to child. There is nothing resembling this in national life. I see no reason whatever why a nation should ever grow old. If it perishes, it perishes either from disease or from violence. Empires die of indigestion.

Let us consider briefly the course run by the civilizations of the past which have decayed.

Until the sixth century B.C., the Greek race was very prolific, sending out colonies to all the coasts of the Mediterranean and even to the Black Sea. The Greeks were a hardy and long-lived race, quick to assimilate and improve upon whatever inventions or institutions they found in other countries. They were divided into small city states—a type of polity which again existed in Italy in the Middle Ages, and which on both occasions proved itself to be a forcing-house of genius, but very wasteful of its best material. Unable to maintain their independence against larger political aggregates the Greeks became a subject race, treated, however, with unusual consideration by their conquerors. Soon after this loss of independence depopulation set in, and continued till the real Greeks were almost extinct. What was the cause of this phenomenon?

The ancients themselves were convinced that the soil of the Mediterranean lands was exhausted, so that agriculture was no longer nearly so productive as it had been. This may be true, when we remember that much of the land round the Mediterranean responds only to intensive culture, and that the smelting of iron and the keeping of goats had led to the destruction of the not very extensive woods which fringed the inland sea. The soil, denuded of trees, was swept into the sea by rain and river till in many places only bare rock was left.

It has been lately suggested that another cause may have contributed to the decay of both Greek and Roman civilization. Many districts, such as the Roman Campagna, and the heel and toe of Italy, are now highly malarious, but were once the seat of populous towns. Is it possible that malaria first became endemic in the period of decline, and accelerated the decay of the classical races?

Microbic disease is certainly a possible cause of the ruin of races. Until lately, scorn was heaped upon the degenerate Spaniards of Cuba, and on the "mean whites" of the Southern States of North America. These people are the descendants of Castilian hidalgos and English gentlemen—two of the finest types in the world. Yet their laziness and incompetence have made them contemptible. The cause is now known. The hotter parts of North and Central America and the adjacent islands are infested by the parasite called the hookworm, which attacks more than half the population, and saps their energies without killing them. The United States government is now conducting a vigorous campaign against this pest. Malaria itself has protected several tropical regions against occupation by the white man, and has decimated the European population in other places. The Guanches of the Canaries became extinct soon after the Spanish conquest. They are said to have died of broken hearts at losing their independence; a more prosaic but more probable explanation is that they were attacked by an epidemic against which their constitutions were unfortified. The recorded symptoms suggest that it was the African sleeping-sicknesss. In the case of the Greeks and Romans the evidence is insufficient to prove the theory. But it is likely enough that after a once populous district had been devastated by an enemy, as part of Italy was devastated by Sulla, the malaria mosquito took up his abode in the undrained marshes and prevented the ravages of war from being repaired. It is also true that marshes appear on the site of destroyed forests. The damage in Italy may have begun when Hannibal invaded the

peninsula. We may remember that the malaria of the English fens, which our ancestors called ague, disappeared only when the marshes were drained and turned into cornland or pasturage. Nevertheless, I think malaria was at most only one of several causes why these races decayed, female infanticide being one, some of the other causes being very obscure.

Depopulation began in the Roman Empire not later than the second century B.C. I am disposed to attribute it mainly to the slave-system, which is always wasteful of human life, except in those rare cases when, the hunting-grounds of the slave traders being no longer available, the owners find it profitable to keep human stud-farms, as was done in the United States. The Romans used up their slaves callously, and gave them few opportunities of procreation. The system also drove out a great deal of free labour, especially in Italy, where Sicilian and African corn killed wheat-growing and encouraged the formation of large sheep-runs, tended by slaves. The presence of slaves also encourages the owners to postpone or avoid marriage, living in vicious celibacy. Lastly, the slave system is unfavourable to mechanical inventions, which, as we know, increase the wealth and population of a country more than anything else. It is significant that Rome, in its best days, never had any manufactures on a large scale.

But the history of the Roman Empire can be understood only if we realize that throughout antiquity civilization was in a state of siege. Alexander's conquests, which are remembered to this day in the East, were the only example of real aggression of the West upon the Orient. The barbarians from the North, and various invaders from Asia, were a standing menace. The Roman Republic was doomed on the day when Marius was commissioned to form a standing army to drive back the Germans. This was as early as 105 B.C. The Roman Empire was a necessity for the peoples of southern Europe; the alternative was extermination at the hands of Gauls, Germans, Persians, Arabs or Tartars. The line of the Rhine, the Danube and the Euphrates was held for a long time, but at last it was broken, and civilization was eclipsed in the West for many centuries. Long before this catastrophe, there were no more nationalities in the modern sense in the Empire, except the Jews. The mixture of peoples was complete. A Roman meant a citizen (and all free men after Caracalla were now citizens) of the Empire, even if his "Rome" was Constantinople; a "Hellene" came to mean a pagan. I have seen a gold coin of Mohammed II (1453) inscribed in Greek, "Emperor of the Romans."

Another very interesting but obscure example is the fate which overtook Spain at the end of the sixteenth century. That country had been the first in Europe as a military power, and had lately been enriched beyond the dreams of avarice by plundering the gold and silver of Mexico and Peru. Then quite suddenly a sort of paralysis seized upon it. The population fell off rapidly; the "despoplados" round Madrid began to make their appearance. What was the cause? Was it that the stolen wealth disorganized the economic system? Was it that the Inquisition burnt, tortured, imprisoned or expelled the most valuable and independent men in the country? Or was it that Spain, which was admirably adapted for a state of society in which the most important elements were the soldier and the priest, fell behind in the race when the conditions of the modern period demanded new types and different ideals? It is very easy to see that a strong monarchy and a somewhat tyrannical Church, which actually increased the power and prestige of Spain as the champion of the Counter-Reformation, had a cramping and repressive effect on the nation when new ideas had to be assimilated, and above all when civilization everywhere was passing into the industrial stage. At the present time the revolt against the monarchy and the Church in Spain seems to be of a violent and subversive character, which does not offer much prospect of orderly progress.

One of the causes of national decay is undoubtedly an internal disruption of the body politic. Culture can hardly be developed unless there is a privileged class, with leisure to cultivate the art of fine living. But if the fruits of civilization are confined to a few, the pyramid will rest on too narrow a basis, and the excluded masses will not feel that they have any strong interest in preserving it. In the East the subjects have so little pride in their government that they usually offer a feeble defence when it is attacked. Countries like India, China and Egypt have been easy to conquer; but the conqueror is obliged to respect what the masses value much more than political independence—their religion and their customs. It may happen sometimes that the masses entertain a positive hatred against their rulers, and will overthrow them in a blind fit of rage, even at the cost of extreme national humiliation. This we have seen lately in Russia. Short of this, it has often happened that a government has not dared to pursue the policy which was most advantageous, for fear of causing a rebellion at a critical time. And, as we shall see presently, an exaggerated class-feeling, expressing itself in injurious or predatory legislation, is one of the chief dangers for a highly organized industrial community.

One potent cause of weakness in a modern nation is the sectional treason of one geographical area in the political aggregate which desires to separate from the main body. This separatist movement is sometimes

§

based on the plea of race, sometimes on the memories of past ages. Many states have broken up since the Peace of Vienna, some justifiably, others with no valid excuse. Belgium and Holland were the first to separate, Belgium adopting the singular motto, "L'Union fait la Force." Then the Southern States of the American Union attempted to form an independent state, but were crushed after a struggle of four years by a ruthless exercise of naked force. Sweden and Norway then parted, bloodlessly. The component parts of the Austrian Empire broke up as the consequence of the Great War, regardless of the fact that they were thereby forfeiting the status of their country as a great power. Ireland would have been glad to destroy Great Britain in the same way. This fissiparous tendency, manifested in many parts of the world, may be regarded either as a reaction against nationalism, or, more plausibly, as an aberration and parody of it. It exists also in Spain, where the Catalans hate the other Spaniards, and in Germany, where Bismarck's skilful policy of unification is in danger of being undone. France is the country which has surmounted this danger most successfully.

I said that nations die either of disease or violence, never from old age. Foreign conquest has stopped the natural growth of some nations, and consigned them to decay. Among the most striking examples of this are the conquests of the Spaniards in America, where the flourishing civilizations of Mexico and Peru were destroyed, and the spirit of the people apparently finally broken. But by far the worst enemies whom civilization has encountered are the nomad tribes of Central Asia, known to history as Scythians, Huns, Tartars, Mongols, or Turks. Those historians who think that the biggest battalions are on the side of Providence, who always side with the gods against Cato, who assume that nations are always punished for their own faults, and that the hero is the man with the mailed fist, should study this most tragic and terrible chapter in human history.

The essential fact in the history of the Tartars is that their part was determined for them by the geography of Central Asia. These tribes of shepherds had to travel many hundreds of miles twice every year between their summer and their winter pastures. Their summer pastures were uninhabitable in the winter, being covered with deep snow; their winter pastures were uninhabitable in the summer, being baked as hard as concrete. The climate in which they had to live varied from 30° below zero to 120° in the shade. They could have no homes, no possessions except their animals, and no sort of civilization. They lived on horseback, and their horses could carry a heavy man 120 miles a day. They lived very healthily, in a microbe-free country, mainly on milk products. They could ride round and destroy any army sent against them. They continually raided all the civilized countries within their reach, robbing everything and violating all the women. Resistance was punished by the entire obliteration of the offending city or nation. They swept over Europe as far as Chalons; they wiped out the very interesting Arab civilization of Bagdad—the scene of the Arabian Nights; they conquered China, paralyzing another of the great civilizations of the world, under Jenghiz Khan and his successors; they dominated and barbarized Russia for 200 years; they conquered India and set up the Mogul dynasty there; and finally they did all that we know that the Turks have done. Even in the nineteenth century, before their overthrow by Skobeleff in 1881, the Tekka Turkomans carried off a million Persians, who were sold back at £10 or more a head. Their part in history has been purely destructive; they have been an unmitigated curse to humanity.

Dr. Peisker, of Graz, sums them up with truth and excusable bitterness: "Such is the *rôle* of nomadism in the history of the world. Countries too distant from its base it could only ravage transitorily, with robbery, murder, fire and slavery, but the stamp which it left on the peoples which it directly dominated or adjoined remains uneffaceable. The East, the cradle and chief nursery of civilization, it delivered over to barbarism; it completely paralyzed the greater part of Europe, and it transformed and radically corrupted the race, spirit and character of countless millions for incalculable generations to come. That which is called the inferiority of the East European is *its* work, and had Germany or France possessed steppes like Hungary, where the nomads could have maintained themselves and thence completed their work of destruction, in all probability the light of West European civilization would have been extinguished, the entire Old World would have been barbarized, and at the head of civilization to-day would be stagnant China."

As for the race-corruption which followed their raids, you may see the unmistakable tartar features not only everywhere in Russia, but very often in Germany.

I pass to some other causes of national decay which no efforts on the part of its victims could avert. Changes of climate have probably not had much effect within the historical period, since such changes, except when brought about by the carelessness of man, as in cutting down trees, operate very slowly. There is, however, reason to think that the African desert has encroached upon the once fertile lands of Tripoli, once, as Cyrenaica, a granary of Italy and other countries, and there are remains of large cities in Central Asia, standing in a waterless desert. The sea inundated part of Holland in the Middle Ages, and has reduced the size of our little

island by hundreds of square miles. On the other hand, the earliest sea-port of Mesopotamia, Eridu, is now 150 miles from the Persian Gulf.

Far more important are the discoveries of new trade routes and of new means of production. The Atlantic phase of international intercourse followed the Mediterranean, giving Antwerp and the British ports a decisive advantage over Marseilles, Genoa and Venice. In the future the Pacific trade will be as important as the Atlantic, and for this reason nothing can prevent North America, with its unique position on both oceans, from being the centre of the world's wealth and commerce. Our position, geographically, is still a good one, but it is no longer the best.

The historian of the distant future will probably call ours the age of coal. The populous and powerful countries to-day are mainly those which have large coal- and iron-fields. The industrial revolution has given an entirely new importance to these natural resources, and in the nineteenth century it favoured the ascendancy of the Teutonic as against the Latin nations. In Europe, out of every 1000 inhabitants there were in the years named the following proportion of Teutonic, Latin and Slav elements:

	1801.	1850.	1905.
Teutonic	375	369	373
Latin	355	321	251
Slav	268	310	375

The prodigious increase of the Slavs is due to the vast area, only half peopled a hundred years ago, which they occupy. Their enormous birth-rate was only possible because there was so much elbow-room in the East of Europe. They have, however, pushed their way westward because of their low standard of living, just as the Irish have unfortunately done in England and Scotland. I shall have to return to this factor in the fate of nations.

The rise and decay of races is more interesting and important than the rise and decay of nations. The Jews have long ceased to be a nation, but the Jewish race has been, and is, an important factor in human history. A great deal of nonsense has been talked about race. It has become the stalking-horse of political schemes, just as what men called religion was four hundred years ago. There are hardly any pure races anywhere, though the Jews have kept their blood relatively pure. The population of Europe is made up of three strains—the Nordic, indigenous in the lands round the Baltic, the round-headed Alpine, which came from Central Asia, and the long-headed, dark-haired Mediterranean. The so-called Celts, in Ireland and Wales, are not Celts at all, but Mediterraneans, with an admixture of a still earlier Neolithic stock. The "British"—I protest against the word, for we are the countrymen of King Alfred, not of King Arthur, but we need a name to include the English and Lowland Scots—are predominantly Nordic, but partly Mediterranean; the Alpine strain is very slightly represented. There are many Alpine round-heads in France and Germany, and this type prevails in East Central Europe and in Russia. The racial types of Europe are so mixed that all wars between Europeans are fratricidal quarrels.

Imperialists sometimes forget that the expansion of a nation is limited, not by its military power, but by climate. Europeans, and especially Nordics, cannot flourish in the tropics; it is doubtful, for example, whether our race can maintain itself in the northern parts of Australia. The Nordics tend to die out even in the south of Europe, which they invaded as conquerors. Homer's Achæans had light hair, but you will seldom see light hair in modern Greece. The African race cannot live in temperate climates. The thousands of negro servants who were kept in England in the eighteenth century have not left a single descendant. The fears of the Americans that the negroes may settle in large numbers in their Northern States seem to be groundless, though the American negro has become much more resistant to European diseases than the native African.

There are some interesting facts about the results of racial mixtures. It seems to be an ascertained fact that the first results of miscegenation are very favourable. Anthropologists speak of "hybrid-energy." But this advantage disappears after two or three generations. If this law is established, as it seems to be, it explains many things in the history of nations. For example, the Greeks may have profited by the admixture of Nordic and Mediterranean blood in the period following the northern invasions, and have lost their advantage when the mixed race assumed a fixed type. It will be found that a disproportionate number of distinguished English and Scots have had one foreign ancestor, French, German, Italian, or Scandinavian, within the last three generations; and the same holds good of the distinguished men on the Continent. But the disparity between the two intermingling stocks ought not to be very great. On eugenic grounds marriages between Europeans and Japanese or negroes or American Indians are probably undesirable. Nevertheless, the bad qualities of half-breeds have certainly been exaggerated. They come into the world with every disadvantage, sharing the traditions and sympathies of neither race; and perhaps the white man who forms a connection, legitimate or otherwise, with a coloured woman is not likely to be a very good specimen of a white man.

The last part of my lecture must be given to a discussion of the effects of civilization upon racial and national health.

We shall be following the best authorities if we assume that man, recognizable as human, has been in existence for at least half a million years, probably nearer a million, and that the beginnings of civilization, taking the cultivation of cereals as the test, may be placed at from 12,000 to 15,000 years ago. An authority (Peisker) says the cultivation of cereals was discovered in Asia long before 8000 B.C. The domestication of cattle, pigs, and sheep, and probably of the horse, was accomplished between 8000 B.C. and 6800 B.C. It follows that the precivilized period was immensely longer than civilization up to date. The evolution of man from a simian condition was not the work of civilization, but of a very long period when natural selection favoured the development of the human type. The Cro-Magnon race, who flourished about 30,000 years ago, and may be among the ancestors of some existing European races, were already, both physically and intellectually (judging from their brain capacity), on a level with the highest races of our own time. Even Neanderthal man, a type now extinct, had large brains combined with some ape-like characteristics.

It seems, then, that civilization brought with it an arrest in human evolution. Man provided himself with tools, and thereby forfeited the further improvement of his natural weapons, which have indeed declined rather rapidly. Even in brains he has made no further progress: what we call progress is the result of accumulated experience. Tradition has assimilated the life of the race to the life of a single individual who profits by the memories of a long career.

We may wonder that in these conditions physical and mental deterioration have not been more marked. But in the early stages of civilization—under what we may call barbarism or the higher savagery—a considerable selection in favour of higher types has usually taken place. Especially important is the almost unlimited polygamy of the barbarian chieftain, who wins and retains his position by superior physical strength and courage, by force of character, and by cunning. The long marches of nomads cause all weaklings to be left behind. The stronger tribes exterminate the weaker in war. In countries where there has been complete isolation, as in Australia, the indigenous population has remained on, or has reverted to, a condition not very much above that of the apes.

Until quite recent times, the most vigorous and successful classes probably supplied more than their share of the next generation. Old genealogies show that the gentry married young and had enormous families, while the peasantry and journeymen hardly increased at all, not because they practised birth-control, but because they married much later. The number of cottages and small holdings was limited by the acreage of the parish, and further subdivision was discouraged. I am not suggesting that the gentleman is necessarily a finer human animal than the labourer; but on an average he is so, and the effect of civilization before the industrial revolution was at least not markedly dysgenic. There was always in England a large class of submen, beggars and wastrels, who were outside the social system; but the enormous death-rate of the towns kept them down, and they were not subsidized and encouraged to multiply as they are to-day.

The industrial revolution brought to an end the era of "subsistence agriculture," when each parish was a self-contained unit, supplying its own needs. Local industries were transferred to the towns, and the output of commodities of all kinds was enormously increased. The old checks to population were removed. The manufacturers clamoured for more hands to produce their wares, and more backs to wear them. Improved methods of agriculture, promoted by the enclosure of common lands, greatly increased the production of food, and food began also to be imported in exchange for the products of the factories. The result was the prodigious increase of wealth and population which is the most important fact of the nineteenth century, due mainly to decline in death-rate. Natural selection was almost entirely suspended, and the old apprentice system, which was the real educational provision for the young before the industrial revolution, disappeared. A population grew up with no traditions, social or religious. It was a totally new phenomenon in history.

It is futile to use opprobrious words about a change which was inevitable. We have only to consider its effects upon national health. It will be convenient to take first the biological and then the social and political problems which the new conditions have produced.

Only one kind of natural selection is favoured by modern town-life—that against disease. This has gone on so rapidly that most of the epidemics which formerly ravaged our cities have assumed a much milder type, and are far less destructive of life. To introduce a savage into any European town is to sentence him to certain death. The modern man may be physically a poor creature, but he has developed quite a new power of resisting microbes. Certain non-microbic diseases (if they are non-microbic—I speak as a layman) have increased, since people must die of something. Cancer has trebled, diabetes has doubled the number of its victims. The expectation of life after 55 or 60 is stationary, though the death-rate is little more than half what it was 60 years ago. We should, perhaps, add that the modern man has become magnificently resistant to alcoholism.

It is the unexampled decline in the death-rate, due

partly to sanitation and medical skill, but partly also to increased adaptation to town-life, which has created the very menacing problem of over-population, to which the most bigoted can no longer shut their eyes, with two million unemployed to feed out of the taxes. The decline in the birth-rate from 36 in 1878 to 16 in 1929, and the losses in the Great War, have prevented a social revolution and the death of many millions by famine, but it has not gone far enough to remove the danger.

We have further to regret that this decline in the birth-rate is itself dangerous, because it is steadily impairing the quality of the population. We are breeding from the bottom, and dying off at the top. In each generation the cream of all classes is skimmed off, raised to a better social position, and there sterilized. You will probably not dispute that among the finest strata of our population, physically, intellectually and morally, are the members of the learned professions. It is therefore a bad symptom that the lowest birth-rates at present are those of the doctors, the ministers of religion, and the teaching profession. I know that the socialists, who, for reasons which will be stated presently, try to prevent any rational discussion of these grave problems, cry out that we are assuming, contrary to the fact, that the wealthy are more desirable parents than the working man. But we are not doing so. If it were the skilled workman who was filling the cradles there would be much less ground for alarm. It is the slum-dweller, the subman, the untaxed dole-receiver, the *hirudo aerarii* as Cicero calls him, who is the father of the next generation, or of by far more than his share of it. The highest birth-rate of all is that of the feeble-minded. And the State does all in its power to increase the evil, by throwing on the industrious the whole burden of maintaining, in constantly increasing numbers, these waste products of the social machine, whose disappearance would simply augment the prosperity of the country. The only healthy class which has a high birth-rate is the miners.

Those who have not studied the subject may be asked to remember two things. First, that the peril is a new one: the dysgenic effects of our present social and political order have not yet had time to manifest themselves fully. But there can be no doubt either that they are at work, or that the consequences will be, if they are not checked, the rapid decay of our nation in physique, intellect and character.

The other point to remember is that it is not necessary to prove that there is any very *great* inferiority as parents in the half submerged class which is populating the country as compared with the class which is barely keeping up its numbers. An average inferiority of 10 % (and the real figure is probably much higher) would be quite enough, in its cumulative effect proceeding for generations, to be a fatal handicap to the British race in the future. The effect of counter-selection is a steady and progressive deterioration in the national stock. The burden of civilization grows heavier, and if the backs which support it are weaker in each generation, the burden will be dropped, piece by piece, on the roadside.

Mr. Austin Freeman, in his valuable book, *Social Decay and Regeneration*—a book which is strong in diagnosis, but unfortunately weak in the remedies proposed—brings two other indictments against civilization: He says that civilized man is living on his capital—using up and rapidly destroying the natural resources of the world, its coal, iron, wood, etc. This is true, but I do not see any remedy for it. We have to remember that new sources of energy are likely to be discovered. The use of water-power to generate electricity has already introduced factories on a fairly large scale into Scandinavia and Switzerland; there are great possibilities of the same kind in Italy and elsewhere, even in Iceland, where the unutilized water-power is prodigious. The twentieth century may see the tides harnessed, the nitrogen from the air extracted in large quantities, and perhaps the manufacture of food directly out of the elements. But this country, which is not strong in water-power, could hardly maintain its position after the coal supply began to run short.

His other indictment is against machinery. He says quite truly that the African savage is a much handier man than the civilized machine-minder, and that the latter tends to be a parasite on his machine, without which he would starve. The old-world craftsman, who could take a pride and enjoyment in his work, has vanished. I need not enlarge on this theme, which is an old story by this time. Once more, I see no remedy; for we cannot go back 150 years, breaking our machines and going back to village industries.

It is notorious that the present conditions of labour do not satisfy those who are engaged in it. So acute is their discontent that many of the workmen wish to subvert the social order altogether, a catastrophe which would be far more ruinous in this country, with its complex industrial life, than in a rural and undeveloped country like Russia; though there the consequences have been terrible enough. The aims of this party are anti-social and anti-national. Nothing can be more sinister than their angry opposition to schemes of emigration and the regulation of population. These schemes are devised primarily for the benefit of their own class. This country is over-populated, and there is room for millions of the right sort of workpeople in the dominions, where they can lead happy and self-respecting lives.

I have no doubt that my critics will say, with their usual urbanity, that I have characteristically said a great deal about decay and very little about regeneration. Well, diagnosis must come before treatment, and if we do not agree what the disease is, we shall not be able to do much to help the patient. And I am not ashamed to confess that I have no panacea. There probably is none; but much may be done by emigration, by encouraging the best types of the nation to multiply, and by discouraging the worst, to restore the patient to health.

A CASE OF PEA-NUT IN THE BRONCHUS.

FOREIGN bodies in the bronchi may produce their effects in two ways: In the case of inert bodies by local trauma and by the obstruction due to the presence of the body. In the case of organic materials such as portions of nuts, vegetables, etc., there is also irritation of the bronchus by products of the foreign body. In the United States pea-nuts are the most commonly aspirated vegetable bodies. The irritation they cause is intense and gives rise to severe toxæmia. Two globulins present in the pea-nut, arachin and conarachin are supposed to contain the special irritant. Only the immediate effects of aspiration of a foreign body into the bronchus are discussed.

SYMPTOMS.—*Cough* may or may not be present. Cough is favoured by movement of the foreign body. It is also increased by the formation of secretion, and so is more likely to occur with organic foreign bodies.

Dyspnœa is usually absent with inert foreign bodies: with organic bodies it is present and may be very severe.

SIGNS are due to the obstruction of the bronchus by the foreign body and by the surrounding exudate. The obstruction may be partial or complete: it is very frequently of a ball-valve nature, air being allowed into the lung but not out, thus causing obstructive emphysema. Any of the signs of obstruction to a bronchus may therefore be present, the most important being diminished movement and alteration in size of the affected side of the chest, and corresponding displacement of the heart.

The rapid accumulation of secretion may cause impairment of percussion note over the affected area. This impairment of note is most frequently found low down in the axilla. With organic foreign bodies signs of toxæmia are also present.

The presence of a vegetable foreign body in the bronchus is to be regarded as an emergency, for death may rapidly ensue from toxæmia. The only effective treatment is its removal through the bronchoscope.

The following case illustrates many of these points:

J. H—, æt. 6, schoolgirl, was admitted to Luke Ward, under Sir Percival Hartley on July 7th, 1930, on account of shortness of breath and pain in throat.

History.—July 4th, 1930 (3 days ago): She had had a little cough.
July 5th (2 days ago): Her breathing became rather wheezy.
July 6th (1 day ago): She was a little feverish and fretful in the evening.
July 7th: At 2 a.m. she started to climb the stairs to her parents' bedroom. She cried out and was found by her parents on the stairs. She said that her throat hurt, and it was noticed that she was breathing heavily and rapidly. The shortness of breath continued, and she was brought to the hospital and admitted at 11 a.m. with a provisional diagnosis of pneumonia.

The patient was seen by Dr. George Graham during the afternoon.

She appeared flushed and dyspnœic, but not cyanosed. Temperature 103° F., pulse 115, respirations 45. The alæ nasi were working. She pointed to the lower part of her neck and complained of pain there. No cough was heard and there was no sputum. The mouth and fauces appeared normal.

Chest.—The apex-beat was in the fifth space just outside the nipple line. The right side of the chest was fuller than the left and the respiratory movements on the right side much diminished.

The percussion note was everywhere resonant. The liver dulness commenced at the seventh rib in the right nipple line.

The breath-sounds were markedly diminished all over the right side but more so at the base than at the apex. They were vesicular in character.

It was concluded that these signs might be caused by obstructive emphysema due to a foreign body in the right bronchus.

The patient afterwards admitted that she had swallowed a pea-nut: that it had gone the wrong way and that it caused her throat to hurt. Both parents were then questioned, and stated that two days before admission, on July 5th at 1 p.m., she came in from play and said that she had swallowed a pea-nut and that her throat hurt. They remembered that the wheeziness of respiration had started from this time. They had thought this to be irrelevant when they brought the child in the morning.

During the afternoon a *radiogram* of the chest was taken (Fig. 1).

The right diaphragm was displaced downwards. The heart was displaced to the left. The right apex was dull. The lower two-thirds of the right lung show increased translucence with widening of the intercostal spaces. No opaque foreign body was seen. The appearances suggested obstruction to the right eparterial bronchus, causing atelectasis of the right upper lobe with corresponding emphysema of the right lower and middle lobes.

During the afternoon the pulse and respiration-rate rose: temperature 104°, pulse 160, respirations 85.

At 11.30 p.m. *bronchoscopy* was performed by Mr. Bedford Russell under gas and oxygen anæsthesia. There was very little exudate in the trachea and bronchi. A foreign body was discovered in the right lower lobe bronchus. This was whitish, surrounded by a little

exudate and was hard when touched with a probe. It was found impossible to remove it with the forceps available and the patient was returned to the ward.

During the night the patient was restless and the pulse and respiration remained very rapid.

July 8th, 1930: The physical signs remained the same except that there was a slight impairment of note at the right base as high as the angle of the scapula, and that the breath-sounds at the right apex were harsher in character. The leucocyte count was 22,000 per c.mm.

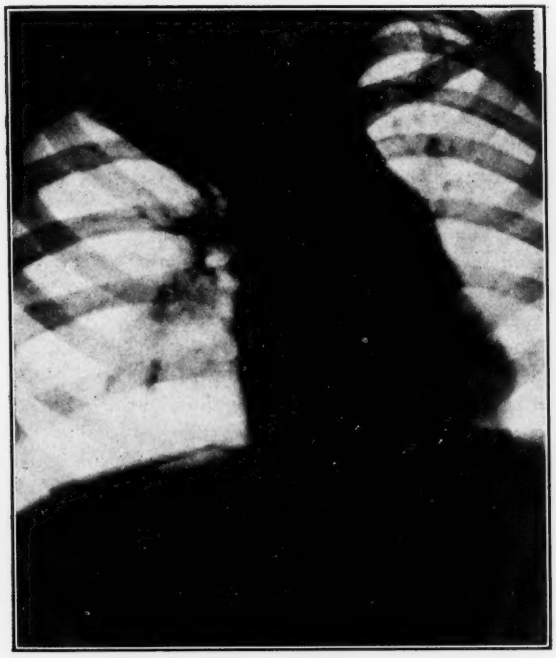


FIG. 1.—JULY 7TH, 1930.

At 5.30 p.m. a *second bronchoscopy* was performed by Mr. Bedford Russell under gas and oxygen anæsthesia. The foreign body was found to be in the same position. There was still very little exudate round it, the air passages being dry. The foreign body was engaged in the forceps, but was not successfully withdrawn. A bronchoscope with continuous suction was then passed into the same situation, and after further attempts to dislodge the foreign body it was found to be in the bronchoscope and on withdrawal was found to be sticking to the continuous sucker of the bronchoscope. The bronchoscope was again passed and the right lower lobe bronchus appeared clear.

The foreign body removed appeared to be a portion of a pea-nut about $\frac{1}{6}$ in. diameter.

The patient was then returned to the ward, where immediate examination showed that the air entry into the right chest had much increased and that there were good breath-sounds all over.

July 9th, 1930: The general condition appeared rather better. The respiration and pulse-rate were less. The right chest was still fuller than the left but the movements had much increased and were almost as full as on the left. The air-entry on the right side was almost as good as on the left. A further *radiogram* was taken during the morning (Fig. 2).

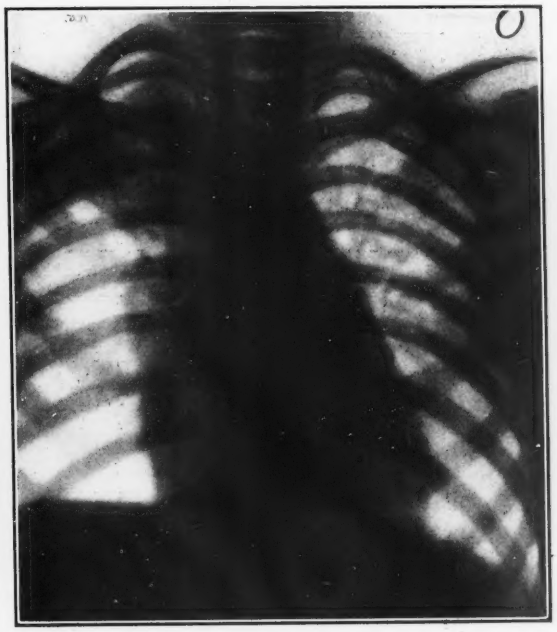


FIG. 2.—JULY 9TH, 1930.

The displacement of the heart is no longer seen.
The uniform opacity seen in the right upper zone is no longer homogeneous.
The increased translucency of the middle and lower lobes is no longer seen.

July 11th: There was a sudden attack of dyspnœa lasting about one minute at 1 p.m., and two further, more severe, attacks lasting four and five minutes during the afternoon. The patient became very distressed and cyanosed. The attacks appeared to be due to obstruction in the region of the larynx. There was increasing dyspnœa with laryngeal stridor between the attacks. Tracheotomy was considered advisable owing to the probability of further attacks of dyspnœa.

At 7 p.m. a low tracheotomy was performed by Mr. Bedford Russell. The patient was anæsthetized with

gas and oxygen; an endotracheal catheter was passed through the nose, and the anæsthetic was given through this. Tracheotomy was then performed.

The larynx was examined through the laryngoscope and found to be normal: but œdema of the tracheal mucosa could be seen below it (subglottic œdema).

The patient appeared beter and less dyspnœic after the tracheotomy and there was no further cyanosis.

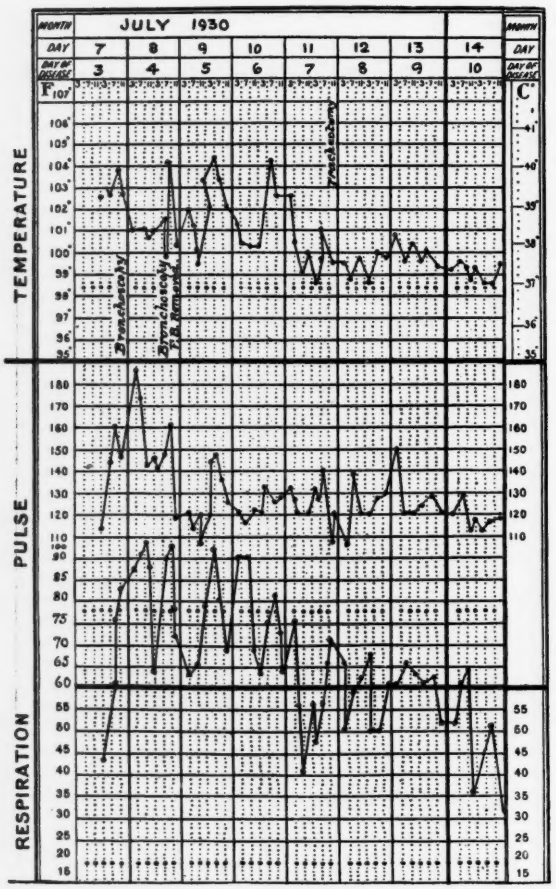


FIG. 3

From this time the general condition of the patient continued to improve. There was still, however, an intermittent pyrexia up to 100° or 101°F. each day with exacerbations lasting two to five days where the temperature rose from 102° to 105° each day. This pyrexia continued till September 18th.

The right chest remained slightly fuller than the left and there was diminished movement on this side. The apex-beat remained ¼ in. outside the nipple line in the fifth space. The percussion note at the right base below the angle of the scapula became more impaired. The air entry at the right base remained weak.

July 17th: A *radiogram* of the chest showed clouding in the right lower zone above the diaphragm, suggesting consolidation rather than fluid.

July 19th: The right chest was explored but no fluid obtained.

August 7th: Tracheotomy; outer tube removed.

August 10th–15th: Exacerbations of pyrexia: Temperature 104°–105° F. daily. Owing to the continued pyrexia and signs at the right base it was thought that a piece of pea-nut might still be present. It was decided that bronchoscopy should be performed and the bronchus washed out and that this should be repeated if necessary.

August 14th: *Bronchoscopy* by Mr. Bedford Russell under gas and oxygen anæsthesia with chloroform. The posterior aspect of the right main bronchus close to its division was seen to have a bright red inflamed area continuous with a linear red area on the posterior aspect of the right lower lobe bronchus. There was some exudate in the right lower lobe bronchus. The right middle-lobe bronchus appeared normal. The right eparterial bronchus appeared normal. No foreign body was seen.

The right lower lobe bronchus was washed out three times with 2 or 3 c.c. of 1% sodium bicarbonate, which were injected and then sucked out through the bronchoscope in the hope of removing any débris of pea-nut.

The general condition and physical signs continued the same. The temperature remained intermittent.

August 25th: Very early clubbing of fingers was noticed.

September 2nd: *Bronchoscopy* by Mr. Bedford Russell under gas, oxygen and chloroform anæsthesia. A red area like a caruncle was again seen on posterior aspect of right main bronchus; 9½ in. from the teeth in the right lower lobe bronchus exudate was seen, and also what appeared to be a foreign body but which may have been slough.

On axial pressure on this body with any instrument pus was seen to exude from the bronchus. A considerable amount of pus was removed in this way. It proved impossible to grip the foreign body owing to the narrowness of the lumen of the bronchus. Silver nitrate was applied to the œdematous mucosa proximal to the position of the foreign body in the hope of causing the mucosa to shrink and so allow the foreign body to be released.

Two c.c. lipiodol were then injected through the bronchoscope into the position of the foreign body.

A *radiogram* of the chest taken immediately showed that the lipiodol was in the bronchus to the right lower lobe. Clouding was still present in the right lower zone.

September 6th: Cough was more troublesome and caused vomiting. No foreign boby was seen in the vomit. The physical signs were unaltered except that well-marked bronchial breathing was heard below the angle of the right scapula.

September 9th: *Bronchoscopy* by Mr. Bedford Russell under gas, oxygen and chloroform anæsthesia. The affected branch of the right main bronchus (lower lobe bronchus) appeared to have benefited from the use of silver nitrate. The lumen was larger. Little or no pus was found. No foreign body could be seen. It was thought possible that slough or foreign body had been coughed up when vomiting occurred on the 6th.

September 18th: The patient had a fit of violent coughing in the evening lasting ten minutes. She became very distressed. This terminated by the patient coughing up a portion of a pea-nut about the size of a pea, together with a little blood-stained watery fluid.

This portion of pea-nut was larger than that previously removed by bronchoscopy.

Since this time the temperature has remained normal. The patient has put on weight and has appeared in robust health. The signs in the chest have gradually cleared.

On November 14th the right chest still appeared slightly fuller than the left. The movements on the two sides were equal. The percussion note was still slightly impaired at the extreme right base. The air entry was still slightly diminished at the right base behind. The finger-clubbing which had previously been detected had disappeared.

The patient was discharged to a convalescent home.

In conclusion it may be pointed out that in any case of respiratory distress in a child the possibility of the aspiration of a foreign body into the bronchus should be borne in mind. The frequency of the occurrence of subglottic œdema following bronchoscopy in young children makes it necessary that tracheotomy should be immediately available during the after-treatment.

I am indebted to Sir Percival Hartley for permission to publish these notes.

REFERENCE.

MACRAE, T.—"Lumleian Lectures," *Lancet*, 1924, i.

J. F. VARLEY.

A CASE OF "APLASTIC ANÆMIA."

THE following case is placed on record partly on account of its intrinsic interest, and partly because it presents certain problems which it seems possible to solve only by critical investigation of future cases of a similar nature.

Mrs. A. J. T—, æt. 64, had suffered since the age of eighteen from alternating attacks of constipation and diarrhœa of the lienteric type. In the summer of 1928, during a thorough medical investigation, achylia gastrica was found and gall-stones were demonstrated by X-ray; but after repeated culture no abnormal organisms could be detected in the stools. She was also shown to be somewhat anæmic, though conclusive evidence of Addisonian anæmia was lacking. Cholecystectomy was performed in April, 1929, and convalescence from that operation was uneventful. But during the summer and autumn of the same year, in spite of the fact that she was taking hydrochloric acid by the mouth, the patient's alimentary symptoms continued and she began to suffer from lassitude and shortness of breath. Pallor was not marked. In February, 1930, a crisis in her condition occurred. The diarrhœa, which for some time had been growing more and more troublesome, now became quite persistent, and a few days later intractable vomiting set in, so that she had to take to her bed. The type of vomiting was peculiar. In her own words: "After a meal I was suddenly seized with a strange sensation in my stomach, so that for a moment I did not know whether I was feeling very hungry or very sick—and then without warning I was violently ill." Slight inconstant jaundice developed, and so rapidly did she go downhill that a diagnosis of advanced malignant disease was made. On March 10th there was a severe epistaxis and three days later, prior to a long journey to London, a blood transfusion was performed.

When seen on March 15th she was in a condition of profound collapse, extremely emaciated and slightly jaundiced. She was vomiting persistently, and even such small meals as half an ounce of water were immediately rejected by the stomach. Treatment with rectal salines and small doses of iodine by the mouth was instituted. On March 19th her general condition was definitely better, for the vomiting had been successfully controlled and a regular supply of glucose had been maintained *per rectum*. Great weakness and emaciation were marked features. She was pale, slightly jaundiced, the tongue was smooth, and there was a small retinal hæmorrhage in the left eye. There was no evidence of an abdominal tumour. The stools were natural in colour and the occult blood-test was negative. The urine contained urobilin.

The icteric tinge of the patient, taken with the facts that urobilin was present in the urine and that the stools were not pale, made it clear that her symptoms were partly those of a hæmolytic jaundice. But hæmolytic jaundice and absence of occult blood in the fæces seemed scarcely compatible with a diagnosis of malignant disease of the alimentary tract. And since she was obviously anæmic, with a smooth tongue, and had had more than one recent hæmorrhage, and in addition was known to be an achlorhydric—pernicious anæmia was diagnosed. A complete blood-count the following day, March 20th, showed :

Red blood-cells, 1,450,000 white blood-cells, 3400 ; hæmoglobin, 35% ; colour index, 1·25 ; polymorphs, 44% = 1500 ; lymphocytes, 45% = 1530 ; Türk cells, 8% = 270 ; large hyalines, 3% = 100.

Poikilocytosis and anisocytosis were very marked and polychromasia was present. No normoblasts or megaloblasts were seen.

Treatment in the form of "oxyntin," gradually increasing amounts of hydrochloric acid and Armour's liver extract in full doses was at once started ; but the anæmia steadily progressed. On March 28th the hæmoglobin had fallen to 30% and a reticulocyte count gave a value of 0·8%—a total of 11,600 per c.mm. Marked punctate basophilia was present and the red count was stationary. The treatment was continued as before but the patient grew slowly weaker, and on April 4th a blood-count showed :

Red blood-cells, 983,000 ; white blood-cells, 1200 ; hæmoglobin, 22% ; colour index, 1·3.

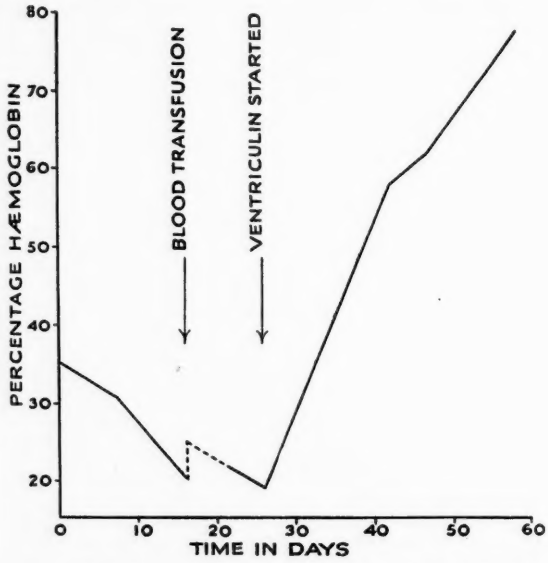
In the blood-film the complete absence of normoblasts and megaloblasts gave evidence of the inert condition of the bone-marrow.

On April 5th a blood transfusion of 450 c.c. was performed. The patient was now taking 40 minims of dilute hydrochloric acid with each meal. Parke Davis's liver extract was substituted for the Armour preparation, and in addition she was persuaded to eat half a pound of fresh liver daily. But in spite of this intensive medication, a blood-count on April 10th showed that the good effect of the transfusion had been only temporary. There was gross evidence of active hæmolysis. The hæmoglobin had again reached 22%, and the urine contained an excessive amount of urobilin. On April 15th, when the patient's heart was clearly on the point of failure and the systolic pressure had fallen to 96 mm. mercury, it was not altogether surprising that she was no longer able to digest raw liver. After she had twice vomited it, it was discontinued.

It was now decided to try the effect of "ventriculin," and two tubes of that preparation were added to the patient's daily list of medicines. Almost immediately her general condition seemed to improve, and on April 20th, the fifth day after beginning the new treatment, a fresh blood-count was performed. It showed :

Red blood-cells, 1,980,000 ; white blood-cells, 1600 ; hæmoglobin, 30% ; colour index, 0·8.

A reticulocyte count gave a value of 1·2%, 22,800 per c.mm., and many cells containing a minute blue granule were also seen. These cells, which were not included in the count, may, in the light of subsequent events, be regarded as the beginning of a well-marked reticulocytosis.



Note.—Full doses of liver were given throughout the period of the graph.

During the next week the patient rapidly gained strength ; colour returned to her finger-nails, and on April 26th the blood-count was :

Red blood-cells, 2,700,000 ; white blood-cells, 4800 ; hæmoglobin, 43% ; colour-index, 0·8 ; polymorphs 50% = 2400 ; lymphocytes, 44½% = 2136 ; eosinophils, 3% = 144 ; basophils, 1½% = 72 ; large hyalines, ½% = 24.

As on all other occasions, no immature red cells were seen.

The improvement continued. On May 1st the hæmoglobin had risen to 57%, and on May 7th to 62% with a red count of 3,475,000. On May 19th a van den Bergh test was performed ; it was within normal limits. The systolic pressure was now 145 mm. mercury and the blood-count—

Red blood-cells, 4,290,000 ; white blood-cells, 7200 ; hæmoglobin, 78% ; colour index, 0.92 ; polymorphs, 62½% = 4500 ; lymphocytes, 32% = 2304 ; large

hyalines, $3\frac{1}{2}\% = 252$; eosinophils $1\frac{1}{2}\% = 108$; basophils $\frac{1}{2}\% = 36$.

There was slight anisocytosis.

During the last six months this improvement has been maintained and the hæmoglobin value is now 96%.

On reviewing the case the most striking feature is that this severe primary aplastic anæmia responded easily and promptly to treatment with liver *in conjunction with* ventriculin. The improvement in the blood picture was demonstrable five days after the ventriculin was started, and from that date the hæmoglobin increased rapidly, rising in thirty days from 19% to 78%. Closely coinciding with the recovery of the hæmopoietic system was a steady decline of the hæmolytic process which had been so prominent a feature in the acute phase of the disease. That on the date of the final blood-count this process had fallen entirely into abeyance is shown by the result of the van den Bergh test. Though the case was more than satisfactory clinically, from the scientific point of view one important link is missing: we do not know whether ventriculin *alone* would have brought about the cure. The association of liver with ventriculin was empirical, having its origin in a natural reluctance to discard the former, whose value in pernicious anæmia is so clearly established. But it is interesting to note that a paper appeared shortly afterwards (W. B. Castle, *Lancet*, May 17th) adducing evidence to show that there is indeed a chemical interaction between the gastric mucosa and the liver, the former stimulating the latter to stimulate the bone-marrow. This work leads one to suppose that by itself ventriculin would not have been sufficient treatment. At the same time it is only fair to add that ventriculin alone is sufficient to keep such patients well, once the cure is far advanced. It is to be hoped that careful investigation of future cases will make this point clear.

My cordial thanks are due to Dr. Langdon Brown and to Dr. Robb, who were in charge of the case and who have been kind enough to read through and to criticize these notes.

H. BUCKLAND.

PAGET'S QUIET NECROSIS.

THE history of the pathological condition known to us as "Paget's quiet necrosis" is a matter of some dispute, and it is the purpose of this article to throw light upon certain facts concerned with the names of those who were connected with its description.

In the new edition of Bowlby and Andrewes' *Surgical Pathology* the following paragraph appears (p. 302): "Morrant Baker many years ago first drew attention to the occasional occurrence of necrosis without external suppuration, and the subject is one of so much importance that it is well worthy of consideration." The reviewer of this book, in the November number of the JOURNAL, points out that "it is curious that Morrant Baker's name should be mentioned. The condition to Bart.'s men at least is universally known as 'Paget's quiet necrosis.'"

That Baker's name should be connected with this condition is justifiable although he has no claim to its original description. In the *Medico-Chirurgical Transactions** he gives a very full description of the special features which characterize this form of necrosis, and describes their clinical significance with reference to a case. The patient in question was admitted to this Hospital in August, 1872, with a ten months' history of deep-seated pain in his thigh accompanied by swelling. He sustained a spontaneous fracture of his left femur, and with the impression that the disease was probably of a neoplastic origin it was decided to amputate the left lower extremity through the hip-joint. This was performed, and the specimen removed was prepared in two halves; one half of the preparation is in the Museum of St. Bartholomew's Hospital (see Fig.), and the other in that of the Royal College of Surgeons.

Edward Stanley, a surgeon to this Hospital, was one of the first to observe that necrosis of bone might take place without causing suppuration. In his work on *Diseases of the Bones*† he remarks: "When the bone attacked by necrosis is of small size, or only a small portion of it has perished, and in a patient who is not of an irritable habit, the inflammation which ensues in the surrounding soft parts is usually so mild that it gives rise to the effusion of fibrin or of serum, without suppuration; the disease then passing through its several stages unaccompanied by any other change than the simple enlargement, and thickening of the parts adjacent to the dead bone. Under such conditions difficulty is often experienced in determining the nature of the disease." Stanley, beyond remarking upon the existence of the condition, gave it no name, although it might quite justifiably be termed "Stanley's necrosis without suppuration."

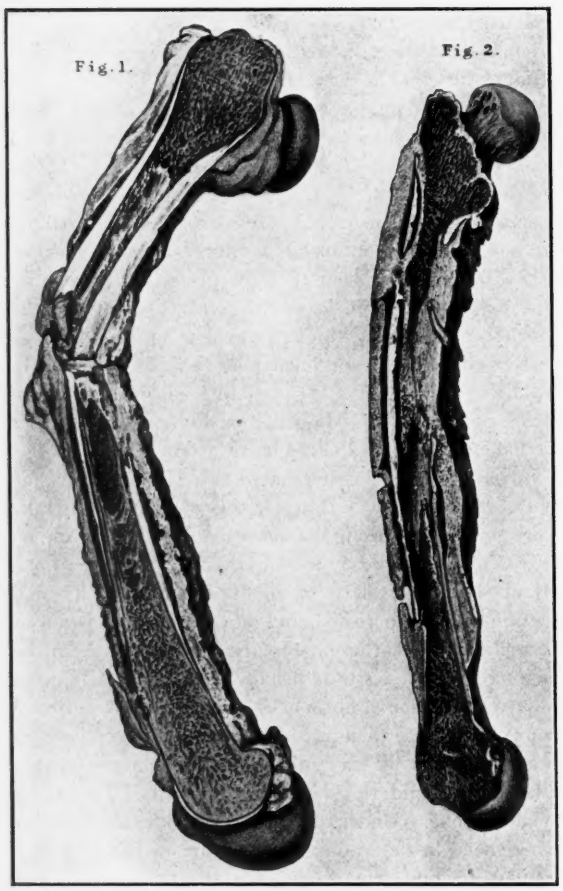
It remained for Sir James Paget to apply the name of "quiet necrosis."

Paget writes: "But all the essential parts of the process of necrosis, the death of the bone and its exfoliation, and the formation of new bone, may take place without any of the attendant phenomena of either inflammation, or fever; and the cases in which this happens, the cases of 'quiet necrosis' as I would call them, are of great

* 1877, lx. 187–209.

† *A Treatise on Diseases of the Bones*, London, 1849 83.

interest in both pathology and diagnosis"* His first description of a case of this disease was in 1869, when a young servant girl was admitted into St. Bartholomew's Hospital with severe pain and a swelling of the left knee-joint; a hard swelling was found surrounding the middle of the shaft of the femur, the nature of which was unknown. Finally after some preliminary treatment with potassium iodide it was decided that the swelling should be explored by open operation; this was performed, and a thin rough sequestrum was found and removed from a cavity in the substance of the femur.



SPECIMEN OF "QUIET NECROSIS" DESCRIBED BY MORRANT BAKER. (IN ST. BARTHOLOMEW'S HOSPITAL MUSEUM.)
From *Medico-Chirurgical Transactions*, 1877, lx, pl. X.

Pridgin Teale† described a process of necrosis of cartilage which was very similar to the quiet necrosis of bone. Paget, ignorant of Teale's description, published an independant account of this necrosis of cartilage.‡ He writes: "By a similar process we may explain the formation of loose bodies in joints. Of these bodies there are two chief kinds. Some are abnormal outgrowths of cartilages, formed in chronic rheumatic arthritis, or in the dendritic growths of synovial fringes, and, as it were, accidentally detached. Others are portions of the proper articular cartilage, with or without some subjacent bone, wihch have suffered a 'quiet necrosis,' and been exfoliated into the cavity of the joint." Of its causation Paget says: "I am unable to explain the conditions under which a process of necrosis thus widely dissimilar from that which is usual takes place. I suspect that the death of the piece of bone or cartilage is always due to violence, that the piece is killed, as a tooth may be, by a blow, and that as a tooth thus killed may be ejected or exfoliated quietly."*

Morrant Baker advises that the term "intra-osseous necrosis" be adopted instead of "quiet necrosis," for he points out—"the term, however, cannot be applied to a process which leads, with such symptoms as those which have been described, to necrosis of nearly the whole shaft of a femur; and it is, I venture to think, to the cause of the necrosis, viz. chronic ostitis, rather than to the quietude of the diseased process, that we must look for an explanation of the absence of suppuration."† The causation, he suggests, lies in a chronic or subacute inflammation of bone which produces a long delay in the separation of the sequestrum without producing suppuration. To-day, "quiet necrosis" is thought to be a low-grade staphylococcal infection of bone, and is but one of the many manifestations of chronic osteitis. It is of sufficient rarity as to be seldom seen in the practice of a large teaching hospital, but its historical value should be of interest to those who glimpse at the original specimens of this condition during their "Museum musings." "The pathological museum contains many such fascinating little corners if one chooses to go a little off the beaten track."

J. MOLINEUX JACKSON.

* *Clinical Lectures and Essays*, 1875, 339.
† *Med.-Chir. Trans.*, 1856, xxxix. 31.
‡ *St. Bartholomew's Hosp. Rep.*, 1870, vi. 1.

SOME WEST AFRICAN PATIENTS.

SANTIGI, a lorry driver, was shocked to find on a certain occasion that his horn was not, as he had supposed, a powerful juju which would enable him to go round sharp and slippery corners at 35 m.p.h. on the wrong side of the road, and was brought to hospital with a broken leg. He only wanted a diagnosis, and insisted on going for treatment to a native

* *Clinical Lectures and Essays*, 342–343.
† *Med.-Chir. Trans.*, 1877, lx. 198.

"doctor," who instead of putting him up in clumsy splints for months would lie him on the ground, cover his leg with mud, and light a small fire on top of the mud. After some hours the mud would be removed, the fracture set, and the limb enclosed in a very neat and light framework of close-fitting strips of bamboo.

Nyande, a little girl of six, was brought to hospital with a large chunk of scalp missing, the mother's story being that a chimpanzee had jumped out of the bush and bitten it off. But the D.C. received an anonymous letter alleging that the assault had really been committed by a member of the Baboon Society who needed some scalp for one of his medicines, that the local chief was at the bottom of the business, and that the mother had been terrorized into giving a false account. All of which was well within the bounds of possiblity, but difficult to prove. The M.O. was asked to report on the wound.

Moriwuro was admitted with a strangulated hernia; but while the theatre was being prepared he slipped out again by the back door and could not be induced to return; he died in five days. Bassie, too, having a large pelvic abscess, was coaxed as far as the table and then withdrew his unwilling consent; he also died.

Amara was a leper, and attributed his condition to the action of an enemy. In this district it is generally believed that many of the lepers have had the disease "put on" them; and it is stated on good authority that certain people possess horns containing the medicine which are passed down from father to son. The essential ingredients are parts of a snake and a toad, to which irritating vegetable extracts are added. When this is put in the victim's bed he scratches himself vigorously and so inoculates the disease.

Momo lost part of his thigh to a leopard; the wound was carefully excised, dressed and splinted, but Momo could do better than that, and during the night tore everything off and substituted a liberal coating of his own excreta.

Mrs. N—, a European lady, thought she had been poisoned, and complained of certain distressing symptoms which strongly suggested an overdose of an aphrodisiac. The house was searched, and in the kitchen was found a curious bottle covered with charms, cobwebs and strange patterns containing a sweet-smelling liquid, which was instantly identified by the Dispenser as the common aphrodisiac of the district. It turned out that the cook, threatened with dismissal, had gone to the local medicine-man for something to make his mistress like him again; he was supplied with this stuff, at ten shillings a bottle, and put it in her tea.

In P— district there is a disputed boundary between two chiefdoms; really not very important, but there is a native tradition that it will never be settled by a white man. During the last five years there District Commissioners have attempted to deal with it. A. is now insane, B. has died of lymphadenoma, and C. is a semi-invalid with a condition of his legs which has baffled everybody.

Alimamy had a large elephantiasis scroti which he wanted removed—his "bosun pulled" as he put it. The usual clinical and pathological investigations showed that he had in addition chronic malaria, tertiary yaws, schistosomiasis, ankylostomiasis, ascaris, trichiuris and ringworm, in spite of which he was surprisingly fit and cheerful. But the clean-up process took some time.

Joe complained of a pain in the belly; the overworked medical officer gave him a prod with one hand while writing "Mist. Alb." with the other, and feeling something very like a spleen in the right iliac fossa went into the matter a little further and found a myelocytic leukæmia, which somehow he did not expect in the African bush. Joe was admitted to hospital, but absconded four days later. (It is by no means uncommon for the medical officer to find on his morning round that half his in-patients have disappeared during the night, taking perhaps a blanket or a sputum mug as a souvenir.)

Bockarie, a schoolboy and the son of an important chief, was as ill as a pneumonia can be with any hope of recovery. His parents had to be informed, but as they would certainly remove him for native treatment as soon as they arrived, the telegram must be so timed that their three days' journey would not bring them in until after the crisis; this was successfully accomplished with ten hours to spare.

Fatmatta had a large myeloid epulis of the lower jaw which her husband wanted removed. As soon as she smelt the chloroform she leaped off the table and out of the hospital. A year later the tumour, much larger, was removed under rectal ether. The native loathes inhaling any anæsthetic, and it is now possible to do nearly everything under spinals or rectal ether, which has the added advantage of preserving the operator from the horrors of chloroform as administered by the average African dispenser.

Alpha, a medical officer's houseboy, had great faith in his master's medicines—more, perhaps, that the master himself—and stole a bottle from the surgery, drinking some himself and passing it round to his friends. Unluckily the bottle contained liq. epispasticus. One of them died, and Alpha himself left hospital to do nine months' hard.

G. L. A.

CANONBURY TOWER:
A RELIC OF ST. BARTHOLOMEW'S PRIORY.

"CANONBURY Tower," one reads, "was formerly the country residence of the priors of St. Bartholomew's, Smithfield." It seemed, then, in a disciple of Rahere, a reasonable and pious curiosity to visit the old place. Permission to view was easily obtained.

Its past may be summed up shortly, for the days of ts glory are now mere matter for speculation, and for surmise that hangs on a few known facts and dates. What survives is a heap of old brickwork, incomplete at that, and scarcely picturesque but for the interest with which imagination invests it. Of these facts, dates and remaining bricks, then, imagination may do what it can, beginning, if you will, with the sunny morning rather more than four centuries ago, when the last leather-aproned mediæval workman left the new building and the first prior rode in. It was about an hour's slow riding from Smithfield, through the fields of Clerkenwell and Islington: and one can see the little clerical cavalcade draw up, glancing curiously at the fresh walls and gabled roofs of the prior's pleasant country residence, surrounded by its gardens and orchards. Rahere's monks, however, lost it all within half a century; the Priory was dissolved, and its lands found new owners. From these later but still distant times a few tales linger on: gossip of a girl's flight, for instance (such as attaches to many old houses), with her lover at midnight. You are shown the window from which she climbed, and imagination sees the small cloaked figure, and the slender foot feeling its way down the ivy of the wall; you may picture, if you like, the chill of the night wind, and the fears in the girl's heart of the darkness and the unknown in her adventure. You are shown, too, inside the building the marks of pistol bullets in an old oak panel, and hear the tale of shots fired in the Cavalier days. So you people the room again for yourself, with a little conclave of men in velvet and lace, grouped around the candles and disturbed suddenly by the sound of shots from the road outside, the splintering of windows and the smell of charred wood. Thus, with more or less detail, the history continues; and all the time the streets of London are extending slowly out across the fields, and the rustic landscape is disappearing. In Dr. Johnson's time it was still considered a pleasant country excursion to go to Canonbury by stage-coach: the fare was sixpence, and the air and scenery were considered very fine. Nowadays one goes from Smithfield by L.C.C. tram.

It was a warm, sunny day in the late summer when the pilgrimage was made. In the little public gardens, on to which the high old-fashioned windows of Canonbury Square look down, the trees were turning an autumnal brown: already enough leaves had fallen to employ a gardener in sweeping them from the paths and lawns, and some children watched him, hoping for a bonfire. The Tower, as one approaches from this direction, stands a short way back from the far side of the gardens, and appears as a bold square structure of red Tudor brick. The remainder of the building, comprising some gabled roofs and walls, is of the same material, in part faced with yellow plaster, and with a creeper, its green leaves growing crimson, running over it. The windows are set irregularly in the walls, and the panes are small and leaded. The door, standing at a slightly lower level than the street, is iron-studded and imposing; so that waiting in the narrow porch after rapping with the old knocker, one is inclined to wonder what shrivelled and mysterious figure (in the tradition of romantic fiction) will draw back the bolts and allow the rusty hinges to swing reluctantly open. But the door, to be honest, is opened by a civil young man, with an apron tied round his waist and his shirt-sleeves rolled up to the elbow in a quite matter-of-fact way. The premises are now occupied by a club, and he is the steward.

The entrance hall is low and not large. It opens on the further side into a little courtyard and garden, rather with the effect of those cool and pleasant Dutch interiors which give you a glimpse through an open door or window of a leafy close beyond. A great mulberry-tree spreads its branches over the lawn: a puppy was playing beneath it, and one remembers that such trees were once common in the neighbourhood. They were introduced by Flemish immigrant weavers in the sixteenth century, during the religious persecutions. From this hall the building lies open before you to explore, so far as it survives successive destructions and alterations. The rooms, of various sizes, are panelled more or less completely in oak: there are, alas, no hidden rooms or secret pasages. The panelling is sometimes quite plain, sometimes simply fluted and pilastered, and sometimes again richly carved with details of fruits and flowers, armorial designs and little bearded heads in stiff ruffs, all in high relief. The decorative effect of these interiors is not of the original monkish days, but is due to a certain Sir John Spencer (father of the runaway heiress), a merchant of London who prospered and liked to improve his country place. He was a worthy man, apparently, but choleric: he served as Lord Mayor, and was buried in St. Helen's, Bishopsgate, where his effigy may be seen, though the church is dark. In one of these rooms, and lodged firmly in the wood of the wall, are the pistol bullets of the legend—a relic of

uneasy times when the silver was sold and the estate mortgaged, the family having been royalist in the Civil Wars. The wide staircase leads one eventually up into the Tower itself, the summit of which is occupied by a little room called the Baconian Chamber, from some dim association with the philosopher. Traditionally, too, the room was used by Goldsmith, who without doubt lodged in the house for two impecunious years and wrote *The Traveller* there. Looking down from this dusty little apartment on to the surrounding houses, one can realize the original extent of the place, and see how far it is reduced, since the present streets conform to the line of the old walls. The prior's foundation was rectangular, enclosing a courtyard 120 ft. square, with Canonbury Tower occupying the north-west part; but in 1770 the south wing was pulled down, and the east wing was altered almost out of recognition. Of the old fish-pond, well stocked for Friday's fast, there is now no trace. So, on descending from the tower, the peregrination is completed.

Finally, I suppose, one's thoughts should linger for a while on those distant monkish times, to hear in fancy the faint rustle of a cassock, or catch the faded, far-away tones of religious offices. Some flavour of the old days of courtly manners and fine conversation should remain. But, alas, it was my fate, on stepping abruptly from the front door on to the pavement, to collide with a stoutish gentleman, who let out a gasp and such objurgations as required all my attention to frame a suitable apology. Thus rudely, if one cares to point the moral, does the Present force itself upon us, while Canonbury forgets that its very name (old Canonesburgh) is derived from its association with Rahere's priory in Smithfield.

M. H. CHURCHILL.

CAN SUCH THINGS BE.

"Apart from the technique of modern surgery it is the human element which makes it an attractive study."

SIR JOHN BLAND-SUTTON.

GONE are the days when surgeons were thrilled by dramatic struggles with gigantic tumours and triumphed in the successful removal of cysts of incredible dimension. To a modern generation there is little that is dramatic, or indeed spectacular, in the performance of appendicectomies and herniotomies in the daily routine of a large hospital, nor does the stage of the minor operation theatre hold the surprise of romance for the surgical dresser. The exquisite perfection of a highly finished technique, and the ever-growing and daily vindicated confidence in surgical skill, have placed operations previously beyond the wildest dreams of the most phantastic and reckless mind on the throne of unrivalled saftey. There is little that is dramatic or indeed spectacular in the technical literature which is the daily bread of student and surgeon alike. There comes a time when both revolt against the monotony of their diet and ask for a "night out." To both it is something in the nature of a welcome respite to be presented with a book* such as Gordon-Taylor has recently produced. Handsomely bound, attractively printed, lavishly illustrated, and written in a style elegant, vivid, and at times majestic, *The Dramatic in Surgery* makes delightful and entertaining reading for a couple of idle hours.

To those whose sole acquaintance with the dramatic in surgery is the memory of a case of perforated ulcer glaringly standing out from the black canvas of a night-duty there is a thrill in the author's victory over a megacolon "which contained 28 lb. of fæces and emitted a gas with an odour which might have put an army corps to flight." To them also Grey Turner's successful removal of a hepatoma weighing 2 lb. 3 oz. from a boy of 13 years remains "one of the *acta mirabilia* of surgery."

"When the spoils of surgical warfare are estimated by weight or calculated in terms of cubic capacity, water displacement, or fluid content, gynæcological surgeons are at a great advantage." The book bristles with incidents and records which joyfully clamour for notice and eagerly hold the most earnest attention. Breathlessly we live through dramatic moments and grapple with dramatic opportunities. One of the most brilliant operations in the history of surgery is vividly enacted before our eyes—the extraction during the Great War by Pierre Duval of a rifle bullet from the intrapericardiac portion of the inferior vena cava, six days after the patient had been wounded. The bullet reached its destination by a devious route: it had entered by the left lung, passed through the left ventricle and the interventricular septum, had found its way *viâ* the auriculo-ventricular orifice into the right auricle, and hence had been propelled into the inferior vena cava. The surgeon records the curious sensation of feeling the bullet in midstream in the vena cava slipping between and past his fingers and time and again eluding his grasp.

No less dramatic in character and indeed in effect is the surgery of pulmonary embolism. Trendelenburg's

* *The Dramatic in Surgery.* By G. Gordon-Taylor, [O.B.E., M.A., F.R.C.S., Surgeon to the Middlesex Hospital. (Bristol: John Wright & Sons, Ltd., 1930.) Pp. 88. With 40 illustrations, 11 of which are fully coloured. Price 12*s.* 6*d.* net.

historical attempt in 1907 to extract a pulmonary embolus threatening the life of a woman of 70 years ended in disaster, though subsequent experiments on calves were crowned with success. "From 1908 till 1924 many essayed, but no one triumphed." The victory was won by Kirschner of Königsberg, who brought "within the realm of successful surgery that which had been regarded as a mortal mishap."

There is much that is dramatic in surgical assaults upon patients at the extremes of life. "The operation of Rammstedt performed in earliest infancy has almost ceased to excite interest; familiarity with the success of the operation has reduced it to the commonplace." The successful operation on a woman of 107 with a strangulated femoral hernia, "fittingly transatlantic in its setting," is little short of miraculous.

There is an element of surprise in the quaint adventure of the man whose full bladder after a Wembley Cup Tie was ruptured by a blow inflicted by an enthusiastic supporter of the rival team. Both victim and assailant were too drunk to appreciate the seriousness of the situation. Forty-eight hours elapsed before the man was admitted to hospital, where several pints of urine were evacuated from his peritoneal cavity. The patient made an uninterrupted recovery.

In a pleasant way we learn from this little volume a great deal of surgery and of medical history, both past and in the making.

The most dramatic *rôle* in surgery is ever played by the patient fated to undergo an operation. Even in this century an operation on a human being is the most sacred thing in all the world. For man has but one life to lose.

"The body of a man is the plastic material in which an artist works, and no art is worthy of such a medium unless it has in it something of a sacrament" (Lord Moynihan). W. R. B.

A PARODY BY F. E. JACKSON.

This parody, which was recited by me at the last Old Students' Dinner, was written by F. E. Jackson, a second-year student in 1872, and one of the "Bold Fifteen." The original manuscript was lost, and only came to light in 1930, fifty-eight years after. Of the original fifteen who went to take the degree, as far as I can ascertain, only three are surviving, viz. Adams, who, I am told, is still in practice in Eastbourne, Wharry, who lives at Holsworthy, N. Devon, and myself. In those days women suffering from venereal diseases were treated in Magdalene Ward, and a very troublesome lot they were, as Sir D'Arcy Power informs me that whilst he was House Surgeon he had on one occasion to call in the police to maintain order.

P. H. BENSON,
Surg.-Gen., I.M.S. (ret.).

Santosha, Jersey, C.I.;
November 16th, 1930.

THE BOLD FIFTEEN.

HEROIC was their valour.
Immortal shall they be,
Those brave 300 Spartans
That held Thermopylæ.

* * *

But bolder yet in this our day
Were those brave men I ween,
Who left their homes in England
And went to take the First M.B.
In the wilds of Aberdeen.

* * *

First Godson, of obstetric fame,
Roberts of sober air,
Wharry and Hart and Benson too,
With god-like golden hair.
From Jersey's microscopic isle
Came Poignaud, tall of form,
And Venn, who grew a stubby beard
To keep his trachea warm.
Jackson, who turned a rusty brown
From Scotland's summer heat,
And Nicholls, who will smoke a pipe
When he walks up Union Street.
Wilcox, Leftwich, Adams, Lloyd,
All burnt to various shades,
Baldock and Dempsey, last not least,
The loves of ladies' maids.
They left their homes in London,
Unmindful of their ease;
To further learning's sacred cause
They sailed the stormy seas.
All honour, then, by all be paid
To this devoted band,
Who guard the name of their old school
In a strange and foreign land.
Reward shall not be wanting
The day that they return;
The glowing hearts of all at Bart.'s,
With welcome warm shall burn.
The Staff and Treasurer shall come
And tender them their thanks,
And give each man a signed blank cheque
On all the City banks.
Sisters shall come from all the wards,
To see them home again,
And the Fountain in the Quad, I ween,
Will play the best champagne.
The patients, too, in Magdalene
Will give a sumptuous ball,
And the sound of mirth and feasting
Shall ring thro' Rahere's Hall.

The Royal Academy shall send
  Its foremost men to limn
Each form of all those brave fifteen,
  Each feature and each limb ;
And all their portraits shall be hung
  With the celebrities;
Who made old Bart.'s the world-known place
  That all confess it is.
And in the far-off future,
  When freshmen enter Bart.'s,
Before they go to lecture
  Or to dissect their parts,
Into a long procession,
  Shall they be joined to see
The portraits of the bold fifteen,
Of intellectual face and mien,
Who sailed forth to Aberdeen
  To take the First M.B.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* OLD CRANLEIGHANS.

November 15th, at Winchmore Hill.
Result: Won, 6—3.

This game was played under good conditions and before a fair crowd of spectators. Bart.'s were the winning side all through, though they had great difficulty in scoring owing to the keen tackling of the Old Boys. The ball came out regularly on the Bart.'s side of the scrum and it was only through the breaking down of passing movements when within an ace of scoring that the Hospital failed to accumulate a much larger score. All the scoring was in the first half, Lewis going over from near the line to score far out ; Kirkwood failed with the kick. Then the old Cranleighans scored and the kick again failed. Finally Kirkwood kicked a good penalty from about midway between goal and touch-line.

ST. BARTHOLOMEW'S HOSPITAL *v.* TORQUAY ATHLETIC.

November 22nd, at Torquay.
Result: Lost, 6—0.

This, a new fixture, was played under the most depressing conditions. Rain fell throughout and the ground was under water in most places. The home side were more used to these conditions and handled the ball more than the Hospital, who, however, had the better of the forward play. In the second half G. F. Petty made a fine run from a quick heel from the scrum, but was tackled by the full back. The outstanding feature of the play was the kicking and handling of T. J. Ryan, who played a brilliant game throughout. The points were scored by a very questionable penalty in front of the goal and a try scored far out after a good run by the right centre.

ST. BARTHOLOMEW'S HOSPITAL *v.* DEVONPORT SERVICES.

November 29th, at Devonport.
Result: Lost, 9—3.

The Rectory Field was, as usual, extremely heavy going and it took the Hospital some time to settle down after their long train journey. The home team soon scored far out after a fine opening made in the centre. The try remained unconverted. Then after some very fast play, of which the result was about even, a quick heel by the Services gave their centre a chance to cut through, which he took, and a well-timed pass sent in the wing for a try, which was unconverted. Soon after this Bart.'s scored a very good try largely as a result of good understanding between Taylor and Beilby, and a fine opening made by the latter, who passed out for Thomas to score.

In the second half the Hospital gave the Services a very trying time, Williams and Thompson being prominent among the forwards and Taylor kicking with a good judgment and length, so that their line was constantly in danger, but a good defence just kept the Hospital out. Finally a kick to touch was intercepted by the Devonport wing, who just scored in the corner. The try was not converted and the game finished in midfield.

ST. BARTHOLOMEW'S HOSPITAL *v.* KEYHAM.

December 1st, at Devonport.
Result: Lost, 6—8.

This was played under ideal conditions on the Keyham ground, and the result was largely due to missed opportunities. Bart.'s were without R. M. Williams, but even so the ball came out more on the Hospital side than that of the College. J. T. C. Taylor was the mainstay of the side, and broke away to score on his own in the first half. Thomas scored the other try for the Hospital after a fine run, but play as a whole was ragged and the Hospital entirely lacked the vigour and (at times) brilliance of their play on the Saturday.

ST. BARTHOLOMEW'S HOSPITAL *v.* LONDON WELSH.

December 6th, at Herne Hill.
Result: Lost, 5—11.

The Hospital were playing a very weak side against the London Welsh, and were to be congratulated on doing as well as they did. Forward and back they gave as good as they got, and it was only the superior speed of the Welsh under the bad conditions existing that gave them the large margin they got.

Powell scored the Hospital try after a run of two-thirds the length of the field ; Kirkwood converted. The forwards as a whole were good, with Thompson and Edwards most prominent.

UNITED HOSPITALS HARE AND HOUNDS.

UNITED HOSPITALS HARE AND HOUNDS *v.* DUBLIN UNIVERSITY.

November 22nd, at Dublin. (University course of approximately 6¾ miles in Phœnix Park.)

There were 14 starters, of whom the Hospitals fielded 6, the minimum number to score. Conditions were very bad. There was a strong wind blowing, and the course was in a waterlogged condition. H. B. Sandiford and J. R. Strong, both of the Hospitals, cut out a fast pace from the start, but were soon forced to drop back as the trail had been blown away. So for the next three miles they waited for the leading Dublin men in order to receive directions. From now on we were treated to some of the worst "snags" imaginable. Two 30-ft. drops down almost perpendicular banks knocked most of the Hospital men out of a straight run. Dublin, knowing their ground well, were enabled to make up many places. A further series of treacherous climbs and falls made the team race a certain win for them.

So for the last two miles it was a struggle for individual placings. J. W. Craig, the Dublin "crack," managed to split the two Hospital men, but Sandiford, running brilliantly, kept him off and won a magnificent race in 41 min. 3 sec. The Dublin team packed excellently and the Hospitals were well beaten, though not without honour.

Results.—1, H. B. Sandiford (U.H.H.H.), 41 min. 3 sec. ; 2, J. W. Craig (Dublin), 41 min. 15 sec. ; 3, J. R. Strong (U.H.H.H.), 41 min. 37 sec. ; 4, R. A. French (Dublin), 41 min. 42 sec. ; 5, W. J. Craig (Dublin), 41 min. 47 sec. ; 6, W. A. Robinson (Dublin), 42 min. 15 sec.

Dublin University (2, 4, 5, 6, 7, 8), 32 points ; United Hospitals (1, 3, 10, 11, 13, 14), 52 points.

UNITED HOSPITALS HARE AND HOUNDS *v.* OXFORD UNIVERSITY "A."

November 29th, at Oxford (University course of 7¼ miles).

There were 16 starters, of whom the Hospitals were running 6. The "Shotover" course was in a very heavy condition, so that slow times were to be expected. On this occasion the Hospitals turned out a strong team, and so were hoping to win. The Hospitals' men, Strong, Sandiford and Harley, the Oxford ex-captain and Blue, adopted their usual tactics of setting up a hot pace at the beginning, and had soon established a 50 yards' lead on the rest. Strong and Sandiford continued to draw away, and at 3 miles the Hospitals were well up. With Harley, Varley and Lee bunched together

behind three of the Oxford team, we were 7 points to the good. Sandiford and Strong won as they liked in 46 min. 12 sec., fully 300 yards ahead of Green.

Results.—1, H. B. Sandiford (U.H.H.H.) and J. R. Strong (U.H.H.H.), 46 min. 12 sec.; 3, J. S. Green (Oxford), 47 min. 14 sec.; 4, H. C. Harley (U.H.H.H.), 47 min. 24 sec.; 5, C. O. Healey (Oxford), 47 min. 35 sec.; 6, M. J. Albery (Oxford), 47 min. 40 sec.

United Hospitals (1, 2, 4, 9, 10), 26 points; Oxford University (3, 5, 6, 7, 8), 29 points.

UNITED HOSPITALS HARE AND HOUNDS *v.* METROPOLITAN POLICE.

December 10th, at Richmond.

There were 23 starters. For the first 2 miles the field was bunched together, but as soon as the rougher country was reached the runners began to fall out behind.

A. Butler and T. Dyke, both of the Police, began to make the pace, but Bliss and Strong, of the Hospitals, took up the challenge. At 4 miles Bliss had dropped back, but Lee (U.H.H.H.), who has begun to find his old form, was now running strongly about 300 yards behind the leaders. With half a mile to go Strong and Dyke made a burst for home, and in a very fierce struggle Strong just managed to win in 36 min. 25 sec. The team match resulted in a tie.

UNITED HOSPITALS HARE AND HOUNDS *v.* SOUTH LONDON HARRIERS.

December 3rd, at Richmond. (Held over the Hospitals' new course in Richmond Park, of approximately 6 miles.)

There were 12 starters. S.L.H. turned out a small but very strong team, and as we fielded a weak side the result was never in doubt. With a fast start four S.L.H. men with Strong (U.H.H.H.) took the lead, and running fast for three miles were 200 yards ahead of the next bunch. Here the race resolved itself into a struggle between Strong and Humphrys (S.L.H.), winner of the South of the Thames and also the Insurance Championships, Morgan, Poole and Bodley, all of S.L.H. bunching together behind.

After a keen struggle, in which Humphrys beat Strong in the run-in and S.L.H. filled the next three places, Hospitals lost by a margin of 10 points.

CORRESPONDENCE.

PROGNOSIS IN LEPROSY.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—The September number of the JOURNAL, recently to hand, contains an article on the history of leprosy in Britain by Mr. J. Molyneux Jackson. As far as the historical side of the disease goes the author is to be heartily congratulated on this very interesting and instructive paper, but when he deals with the prognosis of leprosy at the present day, he paints a picture so gloomy and so different from the facts as leprologists in the East know them, that one wonders how wide his experience in treatment has been.

Mr. Jackson says there is no *specific treatment* for leprosy. I am not clear what the definition of *specific* is, but most of us would allow this term to cover a treatment which may be relied on to cure a disease if applied within a reasonable time after onset, and which, continued for a reasonable period, will leave the patient free from any disability. The modern treatment of leprosy by chaulmoogra oil or its derivatives, fresh air, good food and employment therapy does this in such an enormous majority of cases that I would claim that it may be regarded as a *specific treatment*. That it does this in the East is beyond dispute; the only question that can be raised is how far the cure is a permanent one. From Culion, P.I., the largest leprosarium in the world, 1355 cases have been discharged in the last few years as negative after the most careful and prolonged examination; and although it is true that a small proportion of these cases recur, the number of such is not great. Cases discharged as negative are 20% of the total number of patients in the leprosarium, but as the large majority of the patients are admitted late in the disease this is hardly a fair test of the treatment. The figure for cure of patients admitted within a year of the onset of the disease is over 80%.

The same story comes from well-organized leprosaria all over the East with the exception of Honolulu, where treatment has been less successful than in other centres. On a recent visit by the writer of this letter to two leper settlements in Korea with a leper population of some 1300, it was astonishing to see the remarkable progress that the patients were making; indeed it was hardly possible to find a case in which improvement was not marked, though these cases were all admitted as advanced lepers. The death-rate of only 2% per annum, and this from causes such as typhoid fever unconnected with their disease, fully bore out the writer's personal observation.

Every year now improvements in methods of treatment are being developed and the necessary time for cure is being shortened. It is not the cure, but the length of time that the process takes that is the present handicap. I can see no reason for the pessimistic attitude that Mr. Jackson presents.

I am, etc.,

JAMES L. MAXWELL,
Medical Adviser to the Mission to Lepers.

The Mission to Lepers,
Shanghai;
November 22nd, 1930.

REVIEWS.

STEPPING STONES TO SURGERY. By L. BATHE RAWLING, F.R.C.S. (London: H. K. Lewis, 1930.) Pages xvi + 228. 97 illustrations. Price 12*s.* 6*d.*

The application of anatomy to surgery is presented in a fascinating manner in this little book. It is naturally not a complete text-book of surgical anatomy, but it presents a series of essays showing how anatomical facts help to elucidate clinical problems.

The book is of value to the student commencing his surgical work, but even more so to the student of anatomy, because it shows how apparently dull details may be of first-class practical importance. In this way the book is of particular value, as it links the pre-clinical study of anatomy with surgery in a way that no other book has done. Bart.'s should be proud that such a volume has been produced by one of its surgeons, for it marks a real advance in the usual method of teaching.

The book is easy to read and the illustrations are simple and clear, and the illustrator is to be congratulated on her work. Unfortunately a number of errors have occurred in the labelling of the illustrations. These are all small errors which will be corrected in future editions and will in no way detract from the value of the book.

THE DISSECTION OF THE FROG. By R. H. WHITEHOUSE, D.Sc., and A. J. GROVE, D.Sc., M.A. (London: University Tutorial Press, 1930.) Pp. x + 101. Price 2*s.*

This book has been produced with the avowed intention of providing much fuller instructions for dissecting than are contained in other books on practical zoology. The authors contend that much time is wasted in the laboratory in giving verbal instructions on methods of procedure, and that these instructions can be given better, and in greater detail in print. The practical directions provided are indeed given with a wealth of detail, but while we feel that many teachers will still prefer to issue instructions to their classes in person, this work may be highly recommended to students who are working without supervision.

The interesting and friendly style adopted makes the book easy to read, and there is the clearest internal evidence that the authors have a very wide acquaintance with the difficulties encountered by the average student. The introductory section is full of sound suggestions which we hope may be laid to heart by all concerned. A valuable feature, which might be copied in other quarters, is the inclusion of alternative names to structures. This will be appreciated by the beginner, who is often puzzled by variations in nomenclature.

The book is well provided with simple diagrams, the annotations to which have the great merit of being printed in full. Some of the diagrams fail to a great extent on account of their small size. The covers (which are limp) are stated to be waterproofed. While this may be of value on a laboratory bench, we feel sure that a cover of boards is essential if the book is to stand up to a reasonable amount of hard wear. As the price of the volume is so exceedingly moderate, this is, no doubt, a matter which could easily be remedied without making its cost excessive.

ELEMENTARY ZOOLOGY FOR MEDICAL STUDENTS. By L. A. BORRADAILE, Sc.D. Second edition. (Humphrey Milford, Oxford University Press, 1930.) Pp. viii + 397. Price 10*s.* 6*d.*

We welcome a new edition of this well-known text-book, which was first published in 1923. Intended primarily for the use of students

preparing for the Cambridge First Medical Examination, it has proved its worth and has been widely adopted. It has now been revised and descriptions of additional types have been inserted to bring it into line with the modified syllabus.

Comment on the subject-matter and mode of treatment is, in this case, superfluous. The reputation of Dr. Borradaile as a teacher of much experience is itself a guarantee of excellence, and we predict for this book a continuance of its career of popularity and usefulness.

MODERN PSYCHOTHERAPY. By EMANUEL MILLER, M.R.C.S., L.R.C.P., D.P.M. (Jonathan Cape, Modern Treatment Series, 1930.) Pp. 131. Price 5*s*.

In this small work Dr. Miller has given a very readable account of modern psychology. The first half of the book is devoted to an exposition of the general principles and basis of psychology. This is followed by a chapter on the analytical process. Here the methods of Freud, Jung and Adler are dealt with, and an interesting contrast is drawn between the scientific mind, which would naturally attach itself to Freud, as opposed to the mystical, which would adhere to Jung. While emphasis is laid on the preference of analysis as a line of treatment when possible, the various methods of suggestion are described.

The remainder of the book is devoted to the application of psychotherapy, particularly the early variety. In classifying the types of case amenable to the several methods of therapy two main groups are detailed, viz. the psychoses proper, and the psychoneuroses or minor psychoses according to Culpin. It must be mentioned that in the latter group, psychasthenia, so prominent among French writers has been omitted, it being regarded as a scrap-heap for several ill-defined states. An appeal is made for the earlier diagnosis and treatment of psychic disorders in the future. It is needless to emphasize this last point, but it may be added that several writers consider even dementia præcox to be curable by suitable treatment if detected at a sufficiently early stage.

Perhaps the one critical comment necessary is in regard to the small reference to the endocrine system. The cursory mention of the latter comes as a surprise to those of us who have been taught to regard the sympathetic, parasympathetic and endocrine systems as three legs of a tripod, representing life. These, however, are purely organic systems, but they certainly play a very important part in bridging the gulf which formerly existed between medicine proper and its psychological branch. This close relationship is illustrated in many ways, as, for instance, by the fact that individuals frequently become mentally unbalanced at puberty, during pregnancy, and at the climacteric; it is at these times in life that the sympathetic system is notoriously prone to become upset.

In all but the above particular this book must be recommended for its fullness, clarity, and brevity. A very useful glossary concludes this admirable work.

HISTOLOGY FOR MEDICAL STUDENTS. By H. HARTRIDGE, M.A., M.D., Sc.D., M.R.C.P., F.R.S., and F. HAYNES, M.A. (Humphrey Milford, Oxford University Press, 1930.) Price 15*s*.

If any theory at all is purveyed at a practical histology class, it is usually found that there is barely time for the average student to stain and mount his sections and to look at the demonstrations and so the real objective—the drawing, labelling and close study of the given tissues—is too often piously dedicated to the dim hereafter. The solution would seem to lie in the combination of the briefest of talks with the use of a concise text-book, illustrated in such a way as to be closely comparable with the section under view, and to serve at the same time as an example of schematic drawing. We do not know of another work on the subject which combines detailed accuracy with these requirements, the most formidable rival to the one under review being illustrated with microphotographs or highly schematic diagrams, and being, moreover, not especially designed for the medical schedule. The sections given out as a routine at the Universities and at this Hospital were used for the drawings of this book.

With the matter expressed in this book there can, we think, be no quarrel. It is thoroughly up-to-date, non-controversial, and obviously written with a first-hand knowledge of the technical side of the subject. So much information is included—a really astonishing amount for so small a space—that few of the sentences are more than two lines long, giving one a feeling of remorseless haste, and rather detracting from the pleasure of consecutive reading. We do not see how this could easily have been avoided, and in this case it is probably of little importance. In addition to the histology of the various tissues, the accessories such as section-cutting and staining, microscopy and formulæ are excellently described. Tables showing eyepiece magnification, and the different reactions of tissues to various stains, together with an exhaustive collection of hints as to the spotting of sections, make the book especially attractive to the student. The arrangement and make-up, the type, and especially the index, are all good; the only criticism might be that of the system of page-headings (all of the same type and at the same level, whether commencing or continued, heading a chapter or a section). No doubt the level had to remain uniform in order to keep the letterpress opposite the pictures, but variations of type and lateral spacing might have justified the extra trouble involved.

Lastly the illustrations. As suggested above, we fully agree with the use of drawings; coloured drawings are, however, more controversial. It is important that normal histology should conform closely with the methods of morbid histology, and there is a tendency for modern pathological text-books and original papers to be illustrated in black and white. The elementary student is apt to pursue colour rather than form; it is easier to produce a pseudo-artistic effect with a set of blunt chalks than it is with a sharp lead pencil, and still easier to miss the salient features. Further, the histologist appears to stain his sections much more deeply than does the pathologist—a fact which is made more obvious in coloured pictures.

These arguments are adequately met by the authors' terse, "we have made our drawings in colour instead of in black and white in order to represent the specimens as they appeared under the microscope," and chiefly by the combination of flat washes and clear outlining (best shown, perhaps, on p. 281—salivary glands, and p. 97—the heart), which sets a high standard of clear delineation. As there are over 500 such drawings reduced, so that a page will hold as a rule from five to eight, the labour expended and the skill in prejudging the effect of reduction must have been equally great. A criticism which must be noted is that figs. 94–99 (spleen) and 132–134 (lymphatic glands) are far too dark, and do not correspond with, say, the thymus (figs. 419–426); were pathological sections stained to the degree represented they would be unintelligible.

This slight discrepancy appears to be the only shadow upon an otherwise brilliant partnership. We should like to congratulate the authors, and we would wish them many editions were it not for the arduous labours which might be involved.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ALEXANDER, FREDK. W., M.R.C.S.(Eng.), L.R.C.P.(Ed.), D.P.H. "Simple 'Contraptions' for Assisting the Teaching and Learning of Braille. A Note upon the Compulsory Notification of Ophthalmia Neonatorum." *Medical Press and Circular*, December 10th, 1930.

ATTLEE, WILFRID, M.D., B.Ch., M.R.C.P. "Amidopyrin in Measles." *British Medical Journal*, December 13th, 1930.

BACH, FRANCIS, M.D. (and WORSTER-DROUGHT, C., M.D., M.R.C.P.). "The Interrelation of Neurosyphilis and Cardiovascular Syphilis Based on the Study of Fifty Cases." *Lancet*, November 22nd, 1930.

BURROWS, HAROLD, C.B.E., M.B., F.R.C.S. "Paralysis of Capillary Blood-Vessels of the Hand following Wounds of Forearm." *Lancet*, November 1st, 1930.

CHOPRA, R. N., M.A., M.D., I.M.S. (and DE, PREMANKUR, B.Sc., M.B.(Cal.), M.R.C.P.(Edin.)). "The Action of a Sympathomimetic Alkaloid in Sida Cordifolia (Brela)." *Indian Journal of Medical Research*, October, 1930.

DAVIES, J. H. TWISTON, M.B. (and DRYNAN, A. E., M.B.). "Chronic Ulcer of the Leg Treated by the Method of Dickson Wright." *British Medical Journal*, December 13th, 1930.

DONALDSON, MALCOLM, M.B., F.R.C.S. "Treatment of Glands in Carcinoma of the Cervix." *British Medical Journal*, December 20th, 1930.

DUNDAS GRANT, Sir JAMES, K.B.E., M.D., F.R.C.S. "Suction Exploratory Needle for Exudation into the Tympanum." *Lancet*, November 22nd, 1930.

ELGOOD, J., M.B., F.R.C.S. "Intraperitoneal Gestation with Rectal Hæmorrhage." *British Medical Journal*, November 29th, 1930.

EVANS, E. LAMING, C.B.E., F.R.C.S. "Congenital Dislocation of the Hip." *British Medical Journal*, December 20th, 1930.

FLETCHER, Sir WALTER, K.B.E., F.R.S., M.D., F.R.C.P. "Address on the Opening of Manson Theatre, Hospital for Tropical Diseases." *British Medical Journal*, November 29th, 1930.

GORDON-WATSON, Sir CHARLES, K.B.E., C.M.G., F.R.C.S. "Treatment of Cancer of the Rectum with Radium." *British Medical Journal*, December 6th, 1930.

HEPPER, J. E., M.R.C.S., L.R.C.P. "A New Splint (for Pott's Fracture)." *Lancet*, December 13th, 1930.

NAPIER, L. EVERARD, M.R.C.S., L.R.C.P. "The Artificial Feeding of Sandflies." *Indian Journal of Medical Research*, October, 1930.

NELSON, H. P., M.B., F.R.C.S. "Irradiation of the Tracheo-Bronchial Lymphatic Glands in the Treatment of Carcinoma of the Lung." *Lancet*, November 22nd, 1930.

SCOTT, SYDNEY, M.S., F.R.C.S. "The Schoolboy's Ear in Clinical Practice." *Clinical Journal*, November 26th, 1930.

STRUTHERS, J. A., M.D. "Survey of Some Findings in Five Years' Work on Tuberculosis." *Tubercle*, October, November and December, 1930.

TISDALL, OLIVER R., M.A., M.B., B.Ch. "The Nirvanol Treatment of Chorea." *Archives of Disease in Childhood*, December, 1930.

WOOD, W. BURTON, M.A., M.D., M.R.C.P. "Simple Spontaneous Pneumothorax." *Clinical Journal*, December 17th, 1930.

ACKNOWLEDGMENTS.

The British Journal of Nursing—Bulletin de l'Hôpital Saint-Michel—Bulletins et Mémoires de la Société de Médecine de Paris—The Cambridge University Medical Society Magazine—The Clinical Journal—L'Echo Médical du Nord—The Epsomian—Guy's Hospital Gazette—The Hospital—The Kenya and East African Medical Journal—The London Hospital Gazette—Long Island Medical Journal—The Magazine of the London Royal Free Hospital School of Medicine for Women—The Medical Journal of Australia—The Middlesex Hospital Journal—The Nursing Times—The Post-Graduate Medical Journal—The Queen's Medical Magazine—The Royal Dental Hospital Magazine—St. George's Hospital Gazette—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—The Student—University College Hospital Magazine—The University of Toronto Medical Journal.

EXAMINATIONS, ETC.

University of Oxford.

The following degree has been conferred:

D.M.—Tisdall, O. R.

M.S. Examination, December, 1930.

Branch I. Surgery.—Phillips, R. F.

M.D. Examination, December, 1930.

Branch I. Medicine.—Castledon, L. I. M., Davidson, W. P. M., Posel, M. M.

University of London.

Third (M.B., B.S.) Examination for Medical Degrees, November, 1930.

Pass.—Barnes, F. G. L., Clark, A., Claxton, E. E., Coltart, W. D., Hartley, K. W. D., Jones, D. S., King, J. F. L., Knight, G. C., Rice, R. A. C., Risk, R. S., Robb-Smith, A. H. T., Vergette, E. S.

Supplementary Pass List.

Group I.—Attwood, J. H., Edwards, H. G., Fawcett, R. E. M.

Group II.—Gubbin, J. H., Hutton, W. A., Pierre, J. H., Ross, K. M.

Royal College of Surgeons.

The Diploma of *Fellow* has been conferred on the following:

Ali, A., Bolton, N. W., Chapman, W. S., Clarke, J. M., Corrigan, C. E., D'Arcy, F. F., Ernst, M. R., Everett, A. D., Hogg, J. C., Hynes, W., Kemble, J. F., Lumsden, K., Millin, T. J., Olver, L. R., Ray, P. N., Scott Brown, W. G., Stansfield, F. R., Walker, F. H. A., Yousri, H.

CHANGES OF ADDRESS.

ANDREWES, C. H., 32, Ossulton Way, Golders Green, N. 2.

DALE, W. C., Adeozo Hospital, Ibadan, Nigeria, W. Africa.

DICKS, H. V., 30A, Wimpole Street, W. 1. (Tel. Welbeck 8775.)

ECCLES, W. McADAM, 84, Porchester Terrace, W. 2.

LEBLANC, L. G., 4, Rue du Casino, Aix-les-Bains, Savoie, France.

MURRAY, E. G. D., Department of Bacteriology, McGill University, Montreal, Canada.

NELSON, H. P., Department of Surgery, University of Michigan, Ann Arbor, Michigan, U.S.A.

NORRISH, R. E., 95, Hillfield Avenue, Hornsey, N. 8.

THEOBALD, G. W., 8, Elmwood Road, Chiswick, W. 4.

APPOINTMENT.

JENNINGS, C. M., F.R.C.S., appointed Assistant Medical Officer to Fulham Hospital.

BIRTHS.

BURTON WOOD.—On November 29th, 1930, at St. Mark's House, Regent's Park Road, to Lucy, wife of Dr. W. Burton Wood—a son.

COUCHMAN.—On December 21st, 1930, at Upton-on-Severn, to Doris, wife of Hugh J. Couchman, M.B.—a daughter (Gillian Frances).

FOOTE.—On December 16th, 1930, to Maureen, wife of Dr. R. R. Foote, The Manor House, Maidenhead—a son.

THEOBALD.—On December 20th, 1930, at 8, Elmwood Road, Chiswick, to Florence (*née* Cooke), wife of Dr. G. W. Theobald—a daughter.

WELLS.—On December 5th, 1930, at Barrington Hall, Cambridge, to Rhona, wife of Dr. Arthur Q. Wells—a daughter.

MARRIAGES.

GRAY—GADSDON.—On December 2nd, 1930, at Colchester, George Milne Gray, F.R.C.S., son of Mr. and Mrs. George Gray, of Aberdeen, to Philippa Jeanne, daughter of Mr. and Mrs. H. P. Gadsdon, of Clacton.

MAILER—ANDREW.—On December 6th, 1930, at St. Bartholomew-the-Less, W. Alister R. Mailer, elder son of Dr. and Mrs. William Mailer, to "Molly," second daughter of Mr. and Mrs. Reginald Andrew.

DEATHS.

ACRES.—On December 20th, 1930, at his home, "Leasholme," Waldegrave Road, Twickenham, George Charles Johnston Acres, M.R.C.S., L.R.C.P., aged 55.

BROWNE.—On November 22nd, 1930, at Thorncot, Higher Hooe, Plymstock, South Devon, Horace Ximenes Browne, M.R.C.S. (Eng.), L.R.C.P.(Edin.), Deputy Inspector-General, R.N.

ECCLES.—On November 28th, 1930, Coralie, the beloved wife of W. McAdam Eccles, M.S.(Lond.), aged 62.

FOWLER.—On December 1st, 1930, at 3, College Road, Hampstead, N.W. 3, from an illness contracted during the Great War, Trevor Hayman Fowler, M.R.C.S., L.R.C.P., late Captain, R.A.M.C., elder son of the late Dr. Trevor Fowler, of Northlands, Epping.

MAY.—On December 20th, 1930, at 275, Stanstead Road, Forest Hill, Augustus Square May, M.R.C.S., L.S.A., aged 92.

PRITCHARD.—On November 27th, 1930, suddenly, at Heathfield, Dewsbury, Joseph James Gawler Pritchard, M.R.C.S., L.R.C.P., aged 66.

STIDSTON.—On December 15th, 1930, Charles Algernon Stidston, D.S.O., M.D., beloved husband of Olive Stidston, of 14, Waterloo Road, Wolverhampton, aged 49.

STOWERS.—On December 17th, 1930, at 38, Regent's Park Road, N.W. 1, James Herbert Stowers, M.D., of 128, Harley Street, W. 1, aged 79.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, E.C. 1.*

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLANS, M.B.E., B.A., *at the Hospital.*

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *The Journal Office, St. Bartholomew's Hospital, E.C.1. Telephone: National* 4444.